

Department of Taxation and Finance

IDA Appointment of Project Operator or Agent For Sales Tax Purposes

ST-60

The industrial development agency or authority (IDA) must submit this form within 30 days of the appointment of a project operator or agent, whether appointed directly by the IDA or indirectly by the operator or another agent.

For IDA use only

IDA information						
Name of IDA New York City Industrial Deve	IDA project number (use OSC numbering system for projects after 1998) 600123005A					
Street address			Telephone number			
1 Liberty Plaza			(212) 619-5000			
New York	State ZIP code	ė	Email address (d	optional)		
Project operator or agent informat	tion					
Name of IDA project operator or agent	Mark an X in t		he box if directly Employer identification or Social Security number			
Barone Steel Fabricators, Inc.		appointed by t				
Street address 128 44th Street			Telephone number		Primary operator or agent?	
	710		(718) 832-4705		Yes ☐ No 🗹	
Brooklyn	State ZIP code NY 11232			Email address (optional)		
Project information						
Name of project 2023 Sunnyside Studios Ow	ner, LLC Project					
Street address of project site 48-37 48th Street			-			
City Woodside	State ZIP code		Email address (optional)			
vvoodside	NY 11377		accounting@eastendcap.com			
348,000 gross sf. The new facility will co and an approximately 100,000 sq. ft. be	low grade parking g	garage with	approximate	ely 225 park	ing spaces.	
Description of goods and services intended to be exempt Fabricated Material for construction of fa			d use taxes			
Date project operator or agent appointed (mmddyy)	Date project operator or agent status ends (mmdd)	_{y)} 01/13/20	027 N	Mark an X in the b	oox if this is an extension to	
stimated value of goods and services that will be 163 312 163			value of New York State and local sales and 9,236,446 emption provided:			
Certification: I certify that the above statem make these statements with the knowledge to felony or other crime under New York State I Tax Department is authorized to investigate to Print name of officer of employee signing on behalf of the	that willfully providing aw, punishable by a the validity of any info	false or frau substantial f	idulent informa fine and possit	ation with this ole jail senten	document may constitute a	
Signature - N IN Marcus - Fal	A .		= Xecuti	ve Dire	2 CFOY lephone number	
Emla Maria	falda		3/18/2		1(2) 6(9-500	