

Department of Taxation and Finance

## IDA Appointment of Project Operator or Agent For Sales Tax Purposes

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 Development Agency				IDA project number (use OSC numbering system for projects after 1998) 600123005A			
Street address				Telephone number			
1 Liberty Plaza				( 212 ) 619-5000			
City State ZIP code New York 10006				Email address (optional)			
Project operator or agent informati	ion						
Name of IDA project operator or agent			Mark an X in th	e box if directly		er identification or Social Security number	
Schneider Electric			appointed by the	e IDA:	$\mathbf{Z}$		
Street address				Telephone numb		Primary operator or agent?	
160 Chubb Ave., Suite 201				(201 ) 348-		Yes ☐ No 🗸	
Lyndhurst	State NJ 0	ZIP 00 17071	de	Email address (	optional)		
Project information							
Name of project 2023 Sunnyside Studios Ow	ner, LL	C Project					
Street address of project site 48-37 48th Street							
City Woodside	State NY	ZIP 60 11377	de	Email address (optional) accounting@eastendcap.com			
Purpose of project					2		
348,000 gross sf. The new facility will co and an approximately 100,000 sq. ft. bel							
Description of goods and services intended to be exempted Furnish and install materials for a security							
Date project operator or agent appointed (mmddyy)	Date proj agent sta	ect operator or tus ends (mmo	01/13/2	027	Mark an X in the	ne box if this is an extension to jeat:	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax:	163,3	12,163		alue of New York nption provided:	State and loca	1 sales and 9,236,446	
Certification: I certify that the above statements with the knowledge to felony or other crime under New York State L. Tax Department is authorized to investigate to Print name of officer or employee signing on behalf of the	hat willfu .aw, pur .he valid	ully providin ishable by	ig false or frat a substantial i	idulent inform fine and poss	nation with t lible jail sent	his document may constitute a	
NOW Schume	JUA			cutive	D:1:	potoc	
Signature is			Over to	Date	<u> </u>	Telephone number	
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