

New York State 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

Name of IDA New York City Industrial Development Agency			A project number (use OSC	C numbering sys	tem for projects after 1998)	
Street address				Telephone number		
110 William Street					19-5000	
New York				State NY	10038	
Name of IDA project operator or agent Octopus Warehouse LLC	Mark an X in the box if directly appointed by the ID		mployer identification	or social sec	ity number	
Street address		Telephone number Primary operator or agent?				
86-88 Avenue U		(718) 946-1100			Yes □ No	
^{City} Brooklyn				State NY	ZIP code 11223	
Name of project Octopus Garden Inc. and Octopus Two Corp Project		Purpose of project (see instructions) Construction				
Street address of project site 15 Newark Avenue						
City New York			·	State NY	ZIP code 10302	
Description of goods and services intended to be exempted Equipn from New York State and local sales and use taxes	nent, fixtures, electrical a	nd plumbing s	supplies, related	to		
renovation of manufacturing facility at the Project site, as de	scribed in more detail in	the Lease Agr	eement			
between NYCIDA and Octopus Warehouse LLC		•				
Date project operator Date program agent appointed (mm/dd/yy) 10/26/17 Date program agent si	oject operator or tatus ends (mm/dd/yy) 09/3				X in the box if this is an on to an original project:	
Estimated value of goods and services that will be exempt from New and local sales and use tax:	York State Estimated value provided:	e of New York S	tate and local sale	s and use t	ax exemption	
\$617,000	\$45,440					
Certification: I certify that the above statements are true, complete with the knowledge that willfully providing false or fraudulent information, punishable by a substantial fine and possible jail sentence. I al information entered on this document.	ation with this document ma	v constitute a fe	lony or other crime	e under Nev	w York State I	
Print name of officer of employee signing on behalf of the IDA Anne Shutkin	Print title Executive	Director			····	
Signature		Date LO	120/17	Telephone nu (212) 6	mber 19-5000	
Instructions						

Filing requirements

An IDA must file this form within 30 days of the date the IDA appoints any project operator or other person as agent of the IDA, for purposes of extending any sales and compensating use tax exemptions.

The tDA must file a separate form for each person it appoints as agent, whether directly or indirectly, and regardless of whether the person is the primary project operator or agent. If the IDA authorizes a project operator or agent to appoint other persons as agent of the IDA, the operator or agent making such an appointment must advise the IDA that it has done so, so that the IDA can file a form within 30 days of the date of the new agent's appointment. The IDA should not file this form for a person hired to work on an IDA project if that person is not appointed as agent of the IDA. The IDA need not file this form if the IDA does not extend any sales or use tax exemption benefits for the project.

If an IDA modifies a project, such as by extending it beyond its original completion date, or by increasing or decreasing the amount of sales and use tax exemption benefits authorized for the project, the IDA must, within 30 days of the change, file a new form with the new information.

If an IDA amends, revokes, or cancels the appointment of an agent, or if an agent's appointment becomes invalid for any reason, the IDA must, within 30 days, send a letter to the address below for filing this form, indicating that the appointment has been amended, revoked, or cancelled, or is no longer valid, and the effective date of the change. It should attach to the letter a copy of the form it originally filed. The IDA need not send a letter for a form that is not valid merely because the "Completion date of project" has passed.

Purpose of project

For Purpose of project, enter one of the following:

- Services
- Agriculture, forestry, fishing
- Finance, insurance, real estate
- Transportation, communication, electric, gas, sanitary services
- Construction
- Wholesale trade
- Retail trade
- Manufacturing
- Other (specify)

Mailing instructions

Mail completed form to:

NYS TAX DEPARTMENT **IDA UNIT** WA HARRIMAN CAMPUS **ALBANY NY 12227**

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not fimited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?



Internet access: www.tax.ny.gov

(for information, forms, and publications)

Sales Tax Information Center:

(518) 485-2889

To order forms and publications:

(518) 457-5431



Text Telephone (TTY) Hotline

(for persons with hearing and speech disabilities using a TTY):

(518) 485-5082