New York State Department of Taxation and Finance

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

**ST-60** 

4/13)

The industrial development agency or authority (IDA) <b>must</b> submit this form w whether appointed directly by the IDA or indirectly by the operator or another a				· ·	Fo	or IDA us	,	
Name of IDA			IDA project number (use OSC numbering system for projects after 1998)					
New York City Industrial Development Agency			60011523A					
Street address			Telephone Number					
110 William Street			(212) 619-5000					
City					State	ZIP code	20	
New York					NY	100		
Name of IDA project operator or agent	Mark an X in the box		Emplo	oyer identif	ication or socia	l security nun	nber	
LIC Site B-1 Owner, L.L.C.	directly appointed by		X					
Street address			ohone Number			rator or agent	:?	
c/o Tishman Speyer Properties, L.P., 45 Rockefeller Plaza (212) 715-0300					Yes No			
City					State	ZIP code		
New York					NY	101	11	
Name of project Purpose of project (see ins				see instruct	tions)			
				truction				
Street address of project site								
28-10 Queens Plaza South								
City					State	ZIP code		
Queens					NY	111	01	
Description of goods and services intended to be exempted								
from New York State and local sales and use taxes								
Construction of two 29-story towers comprising app	roximately 1.1 m	illion sq	uare feet inc	luding o	office space	and retail.		
Date project operator 06/30/16 Date project operator or			01/31/20 Mark		X in the box if t	his is an		
or agent appointed (mm/dd/yy) agent status ends (mm/dd/yy) ex				extension	extension to an original project:			
Estimated value of goods and services that will be exempt from New York Sta	te Estimated value	of New Yor	rk State and loc	al sales an	d use tax exem	ption		
and local sales and use tax: provided:						•		
\$ 96,924,000.00	\$ 7,622,219.00							
Certification: I certify that the above statements are true, complete, and corre	ect. and that no materi	al informati	on has been or	nitted. I ma	ake these state	ments		
with the knowledge that willfully providing false or fraudulent information with t								
Law, punishable by a substantial fine and possible jail sentence. I also unders								
information entered on this document.				J		,		
Print name of officer or employee signing on behalf of the IDA	ΙP	rint Title						
			xecutive Director					
Signature	*		Date	İT	elephone numb	oer		
<del>g</del>			(212) 312-3875					
Inc	tructions			10				

### **Filing Requirements**

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

The IDA must file a separate form for each person it appoints as agent, whether directly or indirectly, and regardless of whetherthe 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 aurhorized 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 appointmen 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 filling this form, indicating thet 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
- g:
- Construction
- Wholesale trade
- Retail trade
- Manufacturing
- Other (specify)

## **Mailing Instructions**

Mail completed form to:

NYS TAX DEPARTMENT IDA UNIT W A 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 limited 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)(0).

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 purpose.

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.

