

Department of Taxation and Finance

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

ST-60

For IDA use only

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.

IΠΔ	infor	mation

DA Information								
Name of IDA					IDA project number	use OSC numb	pering system for project	cts after 199
New York City Industrial Development Agency					600119016A			
Street address		•			Telephone number			
1 Liberty Plaza					(212 )619-50	000		
City		State	ZIP cod	е	Email address (opt	ional)		
New York		NY	10006	3				
Project operator or a		ion		Mark an X In t	he box if directly	Employer id	entification or Social Se	ecurity numb
ScientIfix, LLC				appointed by t	the IDA:	<b>S</b>		
Street address					Telephone number	ı	Primary operator or a	igent?
2039 Briggs Road					(856) 780-58	71	Yes 🗌	No 🔀
City		State	ZIP cod	е	Email address (opt	ional)	1	
Mount Laurel		NJ 08054			accounting@scientifix.net			
Project Information Name of project								
2019 45-18 Court Square	Owner, L.L.C. Proj	ect						
Street address of project site								
45-18 Court Square								
City		State	ZIP cod	е	Email address (opt	ional)		
Long Island City		NY	11101	1	ejaram@ks-prop.com			
Purpose of project								
The construction, renov 36,875 square foot part for use as a commercia	cel of land located					_		-
Description of goods and services	s intended to be exempte	ed from New Yo	ork State an	nd local sales a	nd use taxes			
Lab casework								
Date project operator or agent appointed (mmddyy)	030821	Date project op agent status er	•	<i>lyy)</i> 12	24005	rk an <b>X</b> In the bo original project:	x if this is an extension	to
Estimated value of goods and ser exempt from New York State and		\$7	5,057,50		value of New York Sta emption provided:	ate and local sale		\$6,661,35

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer or employee signing on behalf of the IDA	Print title			
Noah Schumer	Deputy Executive Director			
Signature	Date	Telephone number		
1WW	2-6-2025	( 212 ) 619-5000		