NEW YORK STATE

Department of Taxation and Finance

IDA Appointment of Project Operator or Agent
For Sales Tax Purposes

ST-60
(1/18)

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			IDA project number (use OSC numbering system for projects after 1998)
New York City Industrial Development Agency			600115022A
Street address			Telephone number
One Liberty Street			(212) 619-5000
City	State	ZIP code	Email address *(optional)*
New York	NY	10006	

Project operator or agent information

Name of IDA project operator or agent			Mark an *X* in the box if directly appointed by the IDA: ☐	Employer identification or Social Security number
Shore Built Construction Corp.				[redacted]
Street address			Telephone number	Primary operator or agent?
3729 28th Street			(917) 561-3738	Yes ☐ No ☒
City	State	ZIP code	Email address (optional)	
Long Island City	NY	11101		

Project information

Name of project			
2016 Picture Car Services LTD			
Street address of project site			
48-05 Metropolitan Avenue			
City	State	ZIP code	Email address (optional)
Ridgewood	NY	11385	

Purpose of project

Construction

Description of goods and services intended to be exempted from New York State and local sales and use taxes

Materials, supplies and equipment toward furnishing a vehicle production company.

Date project operator or agent appointed *(mmddyy)*	Date project operator or agent status ends *(mmddyy)*	Mark an *X* in the box if this is an extension to an original project: ☐
071118	123120	

Estimated value of goods and services that will be exempt from New York State and local sales and use tax	Estimated value of New York State and local sales and use tax exemption provided
26,000,000.00	1,582,006.00

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		
Krishna Omolade	Executive Director		
Signature Krishna Omolade	Date 08/29/19	Telephone number (212) 619-5000	