

Department of Taxation and Finance

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

ST-60

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

DA information							
Name of IDA				IDA project number (use OSC numbering system for projects after 1998)			
Onondaga County Industrial Development Agency				3101-21-17B			
Street address				elephone number			_
335 Montgomery Street, 2nd Floor				315 ) 435-37	770		
City	State	ZIP code		Email address (opti			
Syracuse	NY	13202			,		
- ,		.0202					
Project operator or agent inform	nation						
Name of IDA project operator or agent			Mark an X in the	box if directly	Employe	r identification or Social Security nur	mber
CVE US EI5 Manlius East, LLC			appointed by the	, ,			
Street address				elephone number	<u> </u>	Primary operator or agent?	
109 West 27th Street				914 ) 847-00	43	Yes X No	$\neg$ $ $
City	State	ZIP code		Email address (opt		103 [7]	
New York	NY		' '	Inali address (opt	ionai)		
New fork	INY	10001					
Project information							
Name of project					****		
CVE US EI5 Manlius East, LLC Project							
Street address of project site		_					
Duguid Road (anticipated to be known as							
City	State	ZIP code	1	Email address (opt	ional)		
Town of Manlius	NY	13104					
Purpose of project							
Description of goods and services intended to be ex Construction materials, machinery and e or installed in the facility and all furnitures facility	quipment neces	sary for the	he completio	n of construction			
Date project operator or agent appointed (mmddyy) 032823	Date project o agent status e		<sub>yy)</sub> 03282		ark an <b>X</b> in th original proje	e box if this is an extension to ect:	
Estimated value of goods and services that will be exempt from New York State and local sales and use	e tax: 16,5	500,000.0		lue of New York St	ate and local	sales and 660,000	0.00
Certification: I certify that the above sta make these statements with the knowled felony or other crime under New York Sta Tax Department is authorized to investig	lge that willfully ate Law, punisha	providing able by a	false or frau substantial f	dulent informa ne and possib	tion with th le jail sent	nformation has been omitted	d. I
Print name of officer or employee signing on behalf	of the IDA		Print title				
Robert M. Petrovich			Executive	Director			
Signature	1		1=1.004.170	Date		Telephone number	
1814	1			3/28/202	3	( 315 ) 435-3770	
						* only 4% local portion	n