

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

IDA information							
Name of IDA				IDA project number (use OSC numbering system for projects after 1998)			
Onondaga County Industrial Development Agency				3101-21-18C			
Street address				Telephone numb	er		
335 Montgomery Street, 2nd Floor				(315) 435-	3770		
City State ZIP code			е	Email address (optional)			
Syracuse	NY	13202	2				
Project operator or agent informati	on						
Name of IDA project operator or agent		T	Mark an X in th	ne box if directly	Employ	yer identification or Social Security number	
CVE US EI6 Manlius West, LLC			appointed by the		X	yer restrained and or second second y marrison	
Street address				Telephone number	i	Primary operator or agent?	
109 West 27th Street				(914)847-0		Yes X No	
City	State	ZIP code	e .	Email address (o			
New York	NY	10001		2111411 4441000 (0	paroriur)		
INCW FOR	141	10001	l				
Project information							
Name of project							
CVE US El6 Manlius West, LLC Project							
Street address of project site							
Duguid Road (anticipated to be known as 810	05 East Sene	eca Turr	npike)				
City	State	ZIP code		Email address (o	ptional)		
Town of Manlius	NY	13104					
Purpose of project	111						
Description of goods and services intended to be exempte Construction materials, machinery and equip or installed in the facility and all furnitures, fix facility	ment necess	ary for t	he completi	on of construc			
Date project operator or agent appointed (mmddyy) 032823	Date project op agent status en		0328	(7)	Mark an X in t an original pro	he box if this is an extension to ject:	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax:	14,72	25,000.0	1	value of New York mption provided:	State and loca	al sales and 589,000.00	
Certification: I certify that the above statemer make these statements with the knowledge to felony or other crime under New York State L. Tax Department is authorized to investigate to Print name of officer or employee signing on behalf of the Robert M. Petrovich Signature	hat willfully p .aw, punisha he validity of	roviding ble by a	false or fra substantial ormation ent	udulent inform fine and possi	ation with ble jail senocument.	this document may constitute a stence. I also understand that the	
10,1011						(315) 435-3770	