



IDA Appointment of Project Operator or Agent For Sales Tax Purposes

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

Name of IDA <u>County of Clinton Industrial Development Agency</u>		IDA project number (use OSC numbering system for projects after 1998) <u>0902</u>	
Street address <u>190 Banker Road, Suite 500</u>		Telephone number <u>(516)563-3100</u>	
City <u>Plattsburgh</u>		State <u>NY</u>	ZIP code <u>12901</u>
Name of IDA project operator or agent <u>Northstar 41 LLC</u>	Mark an X in the box if directly appointed by the IDA: <input type="checkbox"/>	Employer identification or social security number <u>46-2371277</u>	
Street address <u>1 Lincoln Boulevard</u>	Telephone number <u>(516)279-4000</u>	Primary operator or agent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City <u>Rouses Point</u>	State <u>NY</u>	ZIP code <u>12979</u>	
Name of project <u>Northstar 41 LLC</u>	Purpose of project (see instructions) <u>manufacturing, warehousing, commercial use</u>		
Street address of project site <u>1 Lincoln Boulevard</u>	State <u>NY</u>	ZIP code <u>12979</u>	
City <u>Rouses Point</u>	Description of goods and services intended to be exempted from sales and use taxes <u>Manufacturing, Warehousing, Commercial and other industrial multi-use</u>		

Date project operator or agent appointed (mm/dd/yy) <u>02/28/2014</u>	Date project operator or agent status ends (mm/dd/yy) <u>02/01/2016</u>	Mark an X in the box if this is an extension to an original project: <input type="checkbox"/>
Estimated value of goods and services that will be exempt from New York State and local sales and use tax: <u>\$715,000</u>	Estimated value of New York State and local sales and use tax exemption provided: <u>\$57,200</u>	

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 <u>Trent Trahan</u>	Print title <u>(Vice) Chairman</u>
Signature 	Date <u>02/24/2014</u>
	Telephone number <u>(607)733-4635</u>

Instructions

Filing requirements

An IDA must file this form within 30 days of the date the IDA appoints any project operator or other 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 whether the 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 authorized 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 appointment 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 filing this form, indicating that 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
- 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 4-a, 171, 171-a, 287, 306, 426, 476, 606, 607, 1086, 1146, and 1416 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 4063(a)(2).

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) 467-5161.

Need help?

Internet access: www.tax.ny.gov
(for information, forms, and publications)

☎ Sales Tax Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431

☎ Text Telephone (TTY) Hotline
(for persons with hearing and speech disabilities using a TTY): (518) 485-5082

CLOSING ITEM NO.: B-7

AFFIDAVIT OF MAILING
OF THIRTY-DAY SALES TAX REPORT (ST-60)

STATE OF NEW YORK)
) SS.:
COUNTY OF ALBANY)

The undersigned, being duly sworn, hereby states:

That on March 3, 2014, I mailed a Thirty-Day Sales Tax Report (ST-60) by and between County of Clinton Industrial Development Agency (the "Agency") and Northstar 41 LLC (the "Company"), both relating to the Agency's Northstar 41 LLC Project, to the following:

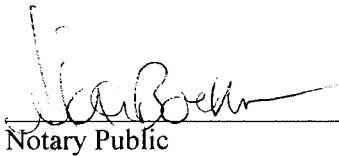
NYS Tax Department
IDA Unit
Building 8, Room 738
W.A. Harriman Campus
Albany, New York 12227

In witness thereof, I have hereunto set my hand this 4th day of March, 2014.



Adam Carson

Sworn to before me this
4th day of March, 2014.



Notary Public

JULIA A. BOEHM
Notary Public, State of New York
Qualified in Albany County
No. 01800070007
Commission Expires Aug. 12, 2014

Nadene E. Zeigler
Partner
nzeigler@hodgsonruss.com



March 3, 2014

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

7013 2630 0000 5492 6143

NYS Tax Department
IDA Unit
Building 8, Room 738
W.A. Harriman Campus
Albany, New York 12227

Re: County of Clinton Industrial Development Agency
Northstar 41 LLC Project

Ladies/Gentlemen:

Enclosed herewith please find an executed Tax Form ST-60 - IDA Appointment of Project Operator or Agent for Sales Tax Purposes regarding the above-captioned transaction.

If you have any questions or comments regarding the foregoing, please do not hesitate to contact me.

Sincerely yours,


Nadene E. Zeigler

NEZ/smr
Enclosure

7013 2630 0000 5492 6143

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 0.48	Postmark Here 012014.00074-SF-60 NEZ
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.48 SPS	

Sent To
 Street, Apt. No.;
 or PO Box No.
 City, State, ZIP+4

**NYS Tax Department
 IDA Unit
 Building 8, Room 738
 W.A. Harriman Campus**

PS Form 3800, August 2006 See [www.usps.com](#) for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**NYS Tax Department
 IDA Unit
 Building 8, Room 738
 W.A. Harriman Campus
 Albany, NY 12227**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name) C. Date

D. Is delivery address different from item 1?
 If YES, enter delivery address below:
ALBANY, NY 12227
MAR 04 2014

3. Service Type
 Certified Mail® Priority Mail Express
 Registered Return Receipt for
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

2. Article Number
 (Transfer from service label) **7013 2630 0000 5492 6143**