



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 County of Lewis Industrial Development Agency			IDA project number (use OSC numbering system for projects after 1998) 2301-22-03
Street address 7551 South State Street			Telephone number (315) 376-3014
City Lowville	State NY	ZIP code 13367	Email address (optional)

Project operator or agent information

Name of IDA project operator or agent Martinsburg CSG LLC		Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number 82-4819834
Street address 3050 Peachtree Road, Suite 460		Telephone number (631) 848-4899	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City Atlanta	State GA	ZIP code 30305	Email address (optional)

Project information

Name of project Martinsburg CSG LLC			
Street address of project site 6424 State Route 26			
City Lowville	State NY	ZIP code 13367	Email address (optional)
Purpose of project solar energy generating facility			

Description of goods and services intended to be exempted from New York State and local sales and use taxes Equipment, machinery, building improvements, site improvements and related costs to the Project			
Date project operator or agent appointed (mmdyy) 10/11 /2022	Date project operator or agent status ends (mmdyy) 12/31/2023	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: \$ 1,749,000.00		Estimated value of New York State and local sales and use tax exemption provided: \$ 139,920.00	

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 JOSEPH R. LAWRENCE		Print title (Vice) Chairman	
Signature 		Date 10/11/2022	Telephone number (315) 376-3014