

ST-340

Annual Report of Sales and Use Tax Exemptions Claimed by Agent/Project Operator of Industrial Development Agency/Authority (IDA)

For Period Ending December 31, 2018 (enter year)

Project information	
Names of IDA agant/project operator SCH Techniques LLC	Federal employer identification number (FEIN) 81-0836 206
Street address 744 Pth Rue	(518) 874-4510
Troy	State ZiP code / Z./80
Name of IDA agent/project operator's authorized representative, if any	Title President
Street address 2794 7th Ave	Telephone number (518) 874-4510
Chy Troy	State ZIP code 12180
Country of Warren and Weshington Indus	tral Development Agency
Name of project	
Street address of project eite	
City laborate half	State ZIP code 12837
1 Project purpose finance in x	riculture, forestry, fishing
in the appropriate box): Wholesale trade Retall trade Fin	ance, insurance or real estate
☐ Transportation, communication, electric, gas, or sa	initary services
☐ Manufacturing ☐ Other (specify)	
2 Date project began (mm/dd/yy): 6 / 24/2017	
3 Beginning date of construction or installation (mm/dd/yy; see instructions): 6 / 2	
4 Completion date of construction phase of project (mm/dd/yy; see instructions):	131 13018; ⊠ actual □ expected
5 Completion date of project (mm/dd/yy; see instructions): 17/31/80/8; 🛛	actual
6 Duration of project (actual or expected; years/months):	
7 Total sales and use tax exemptions (actual tax savings; NOT total purchases)	7 8 4489 47
Certification: I certify that the above statements are true, complete, and correct, and that make these statements with the knowledge that willfully providing false or fraudulent infor felony or other crime under New York State Law, punishable by a substantial fine and post Department is authorized to investigate the validity of any information entered on this documents.	t no material information has been cmitted. I rmation with this document may constitute a ssible jall sentence. I also understand that the Tax
Print name of officer, employee, or authorized representative signing for the IDA agent/project operator Title of pl	Rison signing LES
Signature	Date 7 -9 -19



Annual Report of Sales and Use Tax Exemptions Claimed by Agent/Project Operator of Industrial Development Agency/Authority (IDA)

For Period Ending December 31, 2018 (enter year)

Project information	
Name of IDA agent/project operator	Federal employer Identification number (FEIN)
COOPER FENCE	204760836
Street address PO Box 25	1862) 773 - 9166
City Back Sister!	State ZIP code
Name of IDA agent/project operator's authorized representative, If any	PMANT 05732
Street address	Telephone number
City	State ZIP code
Name of IDA Counties of Warren & Washington IDA Name of project	7
Kay terminals LLC Project	
39 Golf Course Rd	
Ham ston	State ZIP code 12837
1 Project purpose (mark an X	tture, forestry, fishing
	e, insurance or real estate
☐ Transportation, communication, electric, gas, or sanita	ry services
☐ Manufacturing ☐ Other (specify)	
2 Date project began (mm/dd/yy):/	
3 Beginning date of construction or installation (mm/dd/yy; see instructions): 10 / 16 /	2; Zactual = expected
4 Completion date of construction phase of project (mm/dd/yy, see instructions): 04 / 17	1/19; Zactual Dexpected.
5 Completion date of project (mm/dd/yy; see instructions):/ /;	al C expected
6 Duration of project (actual or expected; years/months):/	
	7 \$ 1367 51
7 Total sales and use tax exemptions (actual tax savings; NOT total purchases)	
make these statements with the knowledge that willfully providing false or fraudulent information follows or other crime under New York State Law, punishable by a substantial fine and possible	e jail sentence. I also understand that the Tax
Department is authorized to investigate the validity of any information entered on this docume. Print name of officer, employed, or authorized representative signing for the IDA agent/project operator. Title of persons	signing
KEVIN COOPER	OWINER
Signature	Date 02/01/19

Failure to annually file a complete report may result in the removal of authority to act as an IDA agent/project operator.

Mail completed report to: NYS Tax Department, IDA Unit, W A Harriman Campus, Albany NY 12227.



Annual Report of Sales and Use Tax Exemptions Claimed by Agent/Project Operator of Industrial Development Agency/Authority (IDA) ST-340 (3/11)

For Period Ending December 31, 2018 (enter year)

Project information			
Name of DA agent/project appealar (YOWN Energy Solutions LLC		identification number (FEIN)	-
Street address 19 Gardner Rd	Telephone numbe		
City	State J H	03087	
Name of IDA agent/project operator's authorized representative, if any Shown Threisher	Prin	c, pal	
Street äddress	Telephone number	425-9393	3
Windam 1	JH	0308	7
Name of Darries of Warren and Whichington	IDA		
Ray Terminals LLC Project			
Street address of project, site 301 Golf Course Rd			
Cheimpton C	State }	12837	
	ture, forestry, fi	ishing	
	e, insurance or	real estate	
Transportation, communication, electric, gas, or sanitar	y services		
☐ Manufacturing ☐ Other (specify)			
2 Date project began (mm/dd/yy): 8,21,17			
3 Beginning date of construction or installation (mm/dd/yy; see instructions): 08 / 21/	1 2 ; 🛚 ac	tual axpected	
4 Completion date of construction phase of project (mm/dd/yy; see instructions)://	118: 🗵	actual axpected	
5 Completion date of project (mm/dd/yy; see instructions): 11/14/18; DE actual	l 🗆 expect	ted	
6 Duration of project (actual or expected; years/months): 01/03			
7 Total sales and use tax exemptions (actual tax savings; NOT total purchases)	7	s 3488	33
Certification: I certify that the above statements are true, complete, and correct, and that no nake these statements with the knowledge that willfully providing false or fraudulent informatic felony or other crime under New York State Law, punishable by a substantial fine and possible Department is authorized to investigate the validity of any information entered on this document.	naterial inform on with this do jail sentence.	ation has been omitted. I	Tax
Print name of officer, employee, or authorized representative signing for the IDA agent/project operator. Title of person significant to the IDA agent/project operator.	1		
Signature		Date 2/8/19	



Annual Report of Sales and Use Tax Exemptions Claimed by Agent/Project Operator of Industrial Development Agency/Authority (IDA)

For Period Ending December 31, 2018 (enter year)

Project information	
Douglas Wood Wood Construction	Federal employer identification number (FEIN) 31 - 1697604
Street address 1 Dolger Rd	(802) 265-8139
City	State ZIP code 05743
Name of IDA agent/project operator's authorized representative, if any	Title
Street address	Telephone number
City	State ZIP code
Name of IDA Country's of Weirren and Washington Industr Name of project Ray Energy / Terminals Street address of project site 39 Golf Course Raced	state ZIP code
Whitehall	NY 12837
in the successfate body.	iture, forestry, fishing e, insurance or real estate
Transportation, communication, electric, gas, or sanita	ry services
☐ Manufacturing ☐ Other (specify)	
2 Date project began (mm/dd/yy): 4 / 27 / 17	
3 Beginning date of construction or installation (mm/dd/yy; see instructions): 4/27/	/7; ☑ actual □ expected
4 Completion date of construction phase of project (mm/dd/yy; see instructions): 10 / 5	5/18; Mactual appected
5 Completion date of project (mm/dd/yy; see instructions): 10/5//8; 🗖 actu	al apected
6 Duration of project (actual or expected; years/months): 18, mon 443	
7 Total sales and use tax exemptions (actual tax savings; NOT total purchases)	7 s 1138. 45
Certification: I certify that the above statements are true, complete, and correct, and that no make these statements with the knowledge that willfully providing false or fraudulent informat felony or other crime under New York State Law, punishable by a substantial fine and possible Department is authorized to investigate the validity of any information entered on this document.	e jail sentence. I also understand that the Tax ent.
Discount of the content of the first content of the	signing Uner Date
Signature and 1 will	o act as an IDA agent/project operator.

Failure to annually file a complete report (nay result in the removal of au

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Department of Taxation and Finance

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Project information

For period ending December 31, 2018 (onter year)

Name of IDA analytical analysis		THE RESERVE THE PERSON NAMED IN COLUMN	Employer Identification	n number (FIN)	
me of IDA agent/project operator Employer Identification number (EIN)		A Hallast (Elly)			
Hilltop Construction Co.			Telephone number		\neg
Street address				20	
51 Crowley Raos		(518) 798-0338 State ZIP code			
City				2839	
Hudson Falls			NY 12		_
Name of IDA	Name of project			IDA project number	
Counties of Washington/Warren Industrial Devel.	Ray Terminals LLC				_
Street address of project site					- 1
39 Golf Course Road					
City				ocode	
Hampton			NY 12	837	
Date project began		Completion d	ate of project		
Date project began 8-19-2017		01-1	ete of project 12 - 2018 A	ctual X Expected	
Total sales and use tax exemptions (actual tax savings; n	of total nurchases)		s	90.4	42
					-
Representative information (not required)					
Authorized representative, if any			Title		
Authorized representative, if any Street address			Title Telephone number		
Street address			Telephone number	Pendo	
			Telephone number	P code	
Street address			Telephone number	P code	
Street address	Certification		Telephone number	P code	
Street address	, and correct, and that no false or fraudulent inform y a substantial fine and p	nation with ossible jail	Telephone number () State Zii formation has been this document management	en omitted. I make these y constitute a felony or	
Street address City I certify that the above statements are true, complete statements with the knowledge that willfully providing other crime under New York State Law, punishable be Department is authorized to investigate the validity of	, and correct, and that no false or fraudulent inform y a substantial fine and p	nation with ossible jail on this do	Telephone number () State Zii formation has been this document management	en omitted. I make these y constitute a felony or	
Street address City I certify that the above statements are true, complete statements with the knowledge that willfully providing other crime under New York State Law, punishable by Department is authorized to investigate the validity of Print name of officer, employee, or authorized representative	, and correct, and that no false or fraudulent inform y a substantial fine and p	nation with ossible jail on this do	Tetephone number () State Zii formation has been this document management.	en omitted. I make these y constitute a felony or	
Street address City I certify that the above statements are true, complete statements with the knowledge that willfully providing other crime under New York State Law, punishable be Department is authorized to investigate the validity of	, and correct, and that no false or fraudulent inform y a substantial fine and p	nation with ossible jail on this do	Telephone number () State ZII Information has been this document management. Settle of person signing VP of Operations	en omitted. I make these y constitute a felony or	

Mail completed report to:

NYS TAX DEPARTMENT

W A HARRIMAN CAMPUS ALBANY NY 12227-0866

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