

Department of Taxation and Finance

IDA Annual Compliance Report State Sales Tax Recapture

ST-62

For IDA fiscal year ending 12 31 23 (mmddyy)

Due within 90 days of the end of each fiscal year.

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	ame of IDA ounties of Warren and Washington IDA											
St	reet address		Telephone number									
5 \Ci	Warren Street, Suite 210	The second secon	<u>(518)</u> State	7921312 ZIP code								
1	ens Falls		NY	12801								
Te	rms and conditions for the recapture of state sales tax exemption bene	efits for projec	ts esta	blished, am	ended,							
or	extended on or after March 28, 2013											
1	Did the IDA provide state sales tax exemption benefits to any project established extended during the fiscal year entered above?	ed, amended, or	•••••	1 Yes 🛚	No 🗌							
	If Yes, continue below. If No, skip to question 3.											
2	When an IDA establishes a project, appoints an agent/project operator, or amends or extends a project established in a prior year the IDA must include terms and conditions for the recapture of state sales tax exemption benefits in its resolutions and project documents. This applies to all projects established, amended, or extended on or after March 28, 2013 (see instructions).											
Did the IDA use the same terms and conditions regarding the recapture of state sales tax exemption benefits in the project documents for each of its projects (as described above)?												
							If the IDA did not include terms and conditions for the recapture of state sales tax exemption benefits in the project documents, attach a list of these projects (see instructions).					
							ctivities and efforts to recapture state sales tax exemption benefits for particular tended on or after March 28, 2013	orojects estab	lished,	amended, o	or	
3	Did the IDA make efforts to recapture any state sales and use tax exemption be agent, project operator, or other person or entity (see instructions)?			3 Yes	No 🗵							
4	Did the IDA file Form ST-65, IDA Report of Recaptured Sales and Use Tax Benefits, for each recapture, and remit the funds to the Tax Department?											
Ce	ertification											
th fe th	certify that the above statements are true, complete, and correct, and that no manese statements with the knowledge that willfully providing false or fraudulent infelony or other crime under New York State Law, punishable by a substantial fine that the Tax Department is authorized to investigate the validity of any information	ormation with the and possible ja n entered on this	is docu il senter s docum	ment may con nce. I also und nent.	nstitute a							
	Print name of person signing on behalf of the IDA Juan Gonzales Print title of person signing on behalf of the IDA WWIDA Chair											
_	gnature from the standard of t	Date 03-25-2	024	Telephone num (518) 792-1								

Mailing/instructions

Mail completed form and attachments to:

NYS TAX DEPARTMENT IDA UNIT W A HARRIMAN CAMPUS ALBANY NY 12227-0866