

Department of Taxation and Finance

IDA Annual Compliance Report State Sales Tax Recapture

For IDA fiscal year ending 12 22 (mmddyy)

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

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Name of IDA Utica Industrial Development Agency			gr	
Street address		Telephone number		
1 Kennedy Plaza		(315) 792-0195		
City Utica		State ZIP code NY 13502		
Terms and conditions for the recapture of state sales tax	exemption benefits for project	cts established,	amended.	
or extended on or after March 28, 2013				
1 Did the IDA provide state sales tax exemption benefits to any extended during the fiscal year entered above?	/ project established, amended, o	r 1 Yes	X No □	
 When an IDA establishes a project, appoints an agent/project of the IDA must include terms and conditions for the recapture of stablished. This applies to all projects established, amended, or 	state sales tax exemption benefits	in its resolutions ar	nd project	
Did the IDA use the same terms and conditions regarding exemption benefits in the project documents for each of its p If Yes, attach a copy of the terms and conditions used.	rojects (as described above)?			
If <i>No</i> , attach a copy of each version used. Be sure to identi relate.	ify the projects to which each vers	sion of the terms a	and conditions	
If the IDA did not include terms and conditions for the reca documents, attach a list of these projects (see instructions,		n benefits in the p	roject	
Activities and efforts to recapture state sales tax exempt	ion benefits for projects estal	blished, amende	d, or	
extended on or after March 28, 2013				
3 Did the IDA make efforts to recapture any state sales and us agent, project operator, or other person or entity (see instruction If Yes, continue below. If No, skip question 4 and complete the Certification below	ons)?		X No	
4 Did the IDA file Form ST-65, IDA Report of Recaptured Sales recapture, and remit the funds to the Tax Department?		4 Yes [□ No ⊠	
If Yes, you must keep a copy of Form ST-65 and supporting of If No, attach an explanation of the IDA's recapture efforts (ture activities.		
Certification				
I certify that the above statements are true, complete, and corr these statements with the knowledge that willfully providing fals felony or other crime under New York State Law, punishable by that the Tax Department is authorized to investigate the validity	se or fraudulent information with t y a substantial fine and possible ja y of any information entered on th	his document may ail sentence. I also is document.	constitute a	
Print name of person signing on behalf of the IDA Jack N. Spaeth	Print title of person signing on beh Executive Director		-	
Signature	Date / 30	Z3 Telephone (315) 7	number 792-0195	
Mailing instructions	, , ,			

Mail completed form and attachments to:

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