

**GLEN COVE INDUSTRIAL DEVELOPMENT AGENCY**

**FORM OF ANNUAL EMPLOYMENT AND  
FINANCIAL ASSISTANCE CERTIFICATION LETTER**

Company name and address: 50 GLEN PARTNERS LLC

Project Name: 50 GLEN

*65.5 = 66  
FTE'S*

**Job Information**

Current number of full time equivalent employees ("FTE") **retained** at the project location, including FTE contractors or employees of independent contractors that work at the project location, by job category:

Category	FTE	Average Salary and Fringe Benefits or Ranges
Full Time	<u>1</u>	<u>\$39,208</u>
Part Time	<u>          </u>	<u>                  </u>
Construction	<u>          </u>	<u>                  </u>
Other	<u>          </u>	<u>                  </u>

Current number of full time equivalent employees ("FTE") **created** at the project location, including FTE contractors or employees of independent contractors that work at the project location, by job category:

Category	FTE	Average Salary and Fringe Benefits or Ranges
Full Time	<u>52</u>	<u>\$45,000</u>
Part Time	<u>25</u>	<u>\$30,000</u>
Construction	<u>          </u>	<u>                  </u>
Other	<u>          </u>	<u>                  </u>

**A copy of the NYS 45 form for the project location is required to be submitted with this report. If the NYS 45 form is not available for the specific project location or the form does not accurately reflect the full time jobs created, an internal payroll report verifying the total jobs by employment category as outlined above at the location is required with this submission.**

**Financing Information**

Has the Agency provided project financing assistance (generally through issuance of a bond or note)

Yes  No

If financing assistance was provided, please provide:

- Original principal balance of bond or note issued \_\_\_\_\_
- Outstanding principal balance of such bond or note as of December 31 \_\_\_\_\_
- Outstanding principal balance of such bond or note as of December 31 \_\_\_\_\_

Final maturity date of the bond or note \_\_\_\_\_

**Sales Tax Abatement Information**

Did your Company or any appointed subagents receive Sales Tax Abatement for your Project During the prior year?

Yes  No

If so, please provide the amount of sales tax savings received by the Company and all appointed subagents \_\_\_\_\_

(Attach copies of all ST-340 sales tax reports that were submitted to New York State by the Company and all subagents for the reporting period. Please also attached all ST-60's filed for subagents for the reporting period)

**Mortgage Recording Tax Information**

Did your company receive Mortgage Tax Abatement on your Project During the prior year?

Yes  No

(note this would only be applicable to the year that a mortgage was placed upon the Project, so if the Agency did not close a mortgage with you during the reporting period, the answer should be no)

The amount of the mortgage recording tax that was exempted during the reporting period:

\$ \_\_\_\_\_

**TAX AGREEMENT INFORMATION: (EXEMPTIONS)**

County Real Property Tax without Tax Agreement	\$ 10,613
City/Town Property Tax without Tax Agreement	\$ 44,930
School Property Tax without Tax Agreement	\$ 106,377
<b>TOTAL PROPERTY TAXES WITHOUT TAX AGREEMENT</b>	<b>\$ 161,920</b>

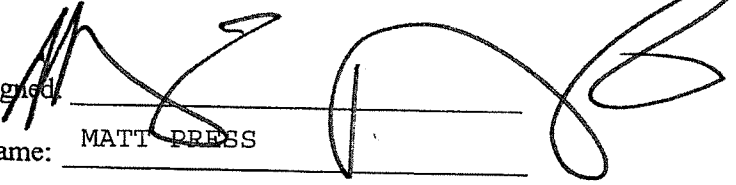
Total Tax Agreement Payments due without PILOT: \$ 161,920

Whether paid separately or lump sum to Agency for distribution, please provide break down of allocation of Tax Agreement Payment to individual taxing jurisdictions: (PILOT)

County Tax Agreement Payment	\$ 7,352.50
City Tax Agreement Payment	\$ 29,937.50
School Tax Agreement Payment	\$ 67,000.00
Library Tax Agreement Payment	\$ 0
<b>TOTAL TAX AGREEMENT PAYMENTS</b>	<b>\$ 104,290.00</b>

Net Exemptions \$ 57,630  
(subtract Total Tax Agreement Payments from TOTAL property taxes without Tax Agreement Payment)

I certify that to the best of my knowledge and belief all of the information on this form is correct. I further certify that the salary and fringe benefit averages or ranges for the categories of jobs retained and the jobs created that was provided in the Application for Financial Assistance is still accurate and if not, I hereby attach a revised list of salary and fringe benefit averages or ranges for categories of jobs retained and jobs created. I also understand that failure to report completely and accurately may result in enforcement of provisions of my agreement, including but not limited to voidance of the agreement and potential claw back of benefits.

Signed: 

Name: MATT PRESS

Title: MANAGING MEMBER

(authorized company representative)

Date: 02/04/2020

Adopted 6-25-19

**NYS-45** (1/19)

**Quarterly Combined Withholding, Wage Reporting,  
and Unemployment Insurance Return**



Reference these numbers in all

UI Employer registration number

Withholding identification number

Employer legal name:  
Equishares Inc.

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

Jan 1 - Mar 31  1 Apr 1 - Jun 30  2 July 1 - Sep 30  3 Oct 1 - Dec 31  4 Year 19

Are dependent health insurance benefits available to any employee? Yes  No

If seasonal employer, mark an X in the box

For office use only  
Postmark

Received date

**Number of employees**  
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month	b. Second month	c. Third month
1	1	1

UI SK AI SI WT SK

**Part A - Unemployment insurance (UI) information**

- Total remuneration paid this quarter ..... 7352.00
- Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.) ..... 7352.00
- Wages subject to contribution (subtract line 2 from line 1) ..... 0.00
- UI contributions due  
Enter your UI rate  7.82500 % ..... 0.00
- Re-employment service fund (multiply line 3 x .00075) ..... 0.00
- UI previously underpaid with interest ..... 0.00
- Total of lines 4, 5, and 6 ..... 0.00
- Enter UI previously overpaid ..... 0.00
- Total UI amounts due (if line 7 is greater than line 8, enter difference) ... 0.00
- Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)\* ..... 0.00
- Apply to outstanding liabilities and/or refund .....

**Part B - Withholding tax (WT) information**

- New York State tax withheld ..... 239.40
- New York City tax withheld ..... 167.41
- Yonkers tax withheld ..... 0
- Total tax withheld (add lines 12, 13, and 14) ..... 406.81
- WT credit from previous quarter's return (see instr.) ..... 0.00
- Form NYS-1 payments made for quarter ..... 406.81
- Total payments (add lines 16 and 17) ..... 406.81
- Total WT amount due (if line 15 is greater than line 18, enter difference) ... 0.00
- Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)\* ... 0.00
- Apply to outstanding liabilities and/or refund .....  **or** 20b. Credit to next quarter withholding tax .....
- Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Contributions and Taxes) ..... 0.00

\* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.

Complete Parts D and E on back of form, if required.

**Part C - Employee wage and withholding information**

**Quarterly employee/payee wage reporting and withholding information**

(If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.)

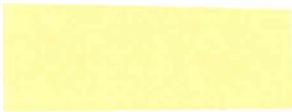
a Social Security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instructions)	e Total NYS, NYC, and Yonkers tax withheld
	Aguilar, Jose	7352.00	7351.68	406.81
<b>Totals</b> (column c must equal remuneration on line 1; see instructions for exceptions)		7352.00	7351.68	406.81

**Sign your return:** I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Signature (see instructions) \_\_\_\_\_ Signer's name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Telephone number \_\_\_\_\_

Withholding identification number



41919422

**Part D - Form NYS-1 corrections/additions**

Use Part D **only** for corrections/additions for the quarter being reported in Part B of **this** return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete **only** columns c and d. Lines 12 through 15 on the front of this return **must** reflect these corrections/additions.

a Original last payroll date reported on Form NYS-1, line A (mmdd)	b Original total withheld reported on Form NYS-1, line 4	c Correct last payroll date (mmdd)	d Correct total withheld
<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>
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<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>

**Part E - Change of business information**

22. This line is not in use for this quarter.

23. If you **permanently ceased paying wages**, enter the date (mmddyy) of the final payroll (see Note below) .....

24. If you sold or transferred all or part of your business:

- Mark an X to indicate whether in whole  or in part
- Enter the date of transfer (mmddyy) .....
- Complete the information below about the acquiring entity

Legal name	EIN
Address	

**Note:** For questions about other changes to your withholding tax account, call the Tax Department at 518-485-6654; for your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810. If you are using a paid preparer or a payroll service, the section below must be completed.

Paid preparer's use	Preparer's signature	Date	Preparer's NYTPRIN	Preparer's SSN or PTIN	NYTPRIN excl. code
	Preparer's firm name (or yours, if self-employed)	Address		Firm's EIN	Telephone number ( )
Payroll service's name				Payroll service's EIN	<input type="text"/>

Checklist for mailing:

- File original return and keep a copy for your records.
- Complete lines 9 and 19 to ensure proper credit of payment.
- Enter your withholding ID number on your remittance.
- Make remittance payable to *NYS Employment Contributions and Taxes*.
- Enter your telephone number in boxes below your signature.
- See *Need help?* on Form NYS-45-1 if you need forms or assistance.

Mail to:

NYS EMPLOYMENT  
CONTRIBUTIONS AND TAXES  
PO BOX 4119  
BINGHAMTON NY 13902-4119

# Tenant Listing

Current tenants as of 12/31/19

Tenant Name	Unit	Unit Type
Livingston Electrical Development	GC Retail 1	Retail
Amy Basnight LLC	GC Retail 2	Retail
American Wealth Association LLC	YOGC 101	Suite
Paysafe Payment Processing Solutions, LLC	YOGC 102	Suite
Zaga Enterprise	YOGC 103	Suite
Marcomm Group	YOGC 108	Suite
Phorep LLC	YOGC 109	Suite
Phorep LLC	YOGC 110	Suite
20 West Media	YOGC 111	Suite
Romilda Grella Nutrition Wellness, PLLC	YOGC 210	Suite
Joanna Britt Lcsw	YOGC 213	Suite
Artistic Affairs Inc	YOGC 214A	Suite
SV Bridal Concepts	YOGC 214B	Suite
Bedford Insurance Brokerage	YOGC 216	Suite
Bedford Insurance Brokerage	YOGC 217	Suite
The Investment Center	YOGC 218	Suite
Bedford Insurance Brokerage	YOGC 219	Suite
Shear Contracting Corp	YOGC 220	Suite
Marcomm Group	YOGC 222	Suite
Car Catering	YOGC 225	Suite
Car Catering	YOGC 231	Suite
Lauren Gerardi , Phd.	YOGC 232	Suite
Sids All American Inc	YOGC 233	Suite
Finally Free Productions	YOGC 234	Suite
Celebration Bliss	YOGC 235	Suite
Lois Raviv, LCSW, MA	YOGC 236	Suite
Joshua Goldshlager Esq.	YOGC 238	Suite
Therapy: Healing & Wellness	YOGC 241	Suite
2300 Linden Realty Corp	YOGC 242	Suite
Complete Senior Consulting Service LLC	YOGC 243	Suite
Edward Booth Painting & Paperhanging Inc.	YOGC 301	Suite
Coretronix Technologies	YOGC 302	Suite
Delta Data	YOGC 303	Suite
Uni-Dent	YOGC 305	Suite
Uni-Dent	YOGC 306	Suite
PLC IT Solutions	YOGC 308	Suite
T.D. Fabrizio Timepieces, LLC.	YOGC 312	Suite
Kellam Integrations	YOGC 315	Suite
Face Factory Ink	YOGC 316	Suite
Webme 360 LLC	YOGC 317	Suite
Gold Coast Exquisite Beauty	YOGC 318	Suite
Richard Gordon Esq	YOGC 319	Suite
In Good Hands Medicaid Consulting LLC	YOGC 321	Suite
Daniel Spratt	YOGC 322	Suite
Katherine Kappas Health & Wellness Corp.	YOGC 323	Suite
Kore Infrastructure, LLC.	YOGC 324	Suite
Kore Infrastructure, LLC.	YOGC 325	Suite
The Li Foundation Inc	YOGC 326	Suite
She Leads Media	YOGC 327	Suite
Zaga Enterprise	YOGC LLN	Basement
Vert. Holdings	YOGC Storage 4	Storage