

**Pamela D. Panzenbeck**  
*Chairperson*

**Ann S. Fangmann**  
*Executive Director*

**Phone: (516) 676-1625**  
**Fax: (516) 759-8389**



**GLEN COVE**

**INDUSTRIAL DEVELOPMENT AGENCY  
LOCAL ECONOMIC ASSISTANCE CORP.**

City Hall, 9 Glen Street, Glen Cove, NY 11542

**Via email & Certified Mail**

December 1, 2023

Michael S. Puntillo Development Corp.  
A-1 Realty Management Inc.  
1551 Franklin Avenue – 1<sup>st</sup> floor  
Mineola, NY 11501  
Attn: Peter Alizio  
Email: [rte@PJALIZIO.COM](mailto:rte@PJALIZIO.COM)

**RE: GLEN COVE INDUSTRIAL DEVELOPMENT AGENCY: 2023 FORM OF ANNUAL EMPLOYMENT AND FINANCIAL ASSISTANCE CERTIFICATION LETTER**

Dear Mr. Alizio:

In accordance with your financial assistance agreement with Glen Cove IDA, please be reminded of the annual certification of employment and financial data as mandated under General Municipal Law Section 859 (<https://www.nysenate.gov/legislation/laws/GMU/859-A>), specifically:

'...annually certified statements and documentation: (i) enumerating the full time equivalent jobs retained and the full time equivalent jobs created as a result of the financial assistance, by category, including full time equivalent independent contractors or employees of independent contractors that work at the project location, and (ii) indicating that the salary and fringe benefit averages or ranges for categories of jobs retained and jobs created that was provided in the application is still accurate and if it is not still accurate, providing a revised list of salary and fringe benefit averages or ranges for categories of jobs retained and jobs created.'

Accordingly, the above referenced form is attached herein and must be completed and certified by an officer of the company and returned to the Agency as soon as practicable, but not later than February 15, 2024.

Should you have any questions or require additional information about this form, please do not hesitate to contact me by phone (516) 676-1625 Ext. 104 or via email at: [mzoldessy@glencovecda.org](mailto:mzoldessy@glencovecda.org)

Thank you for your anticipated cooperation.

Sincerely,

  
Margo Zoldessy  
Chief Financial Officer

Attachment

CC: Hon. P. Panzenbeck, Chairperson  
V. Hartley, Vice Chairperson/Treasurer  
A. Fangmann, Executive Director

GLEN COVE INDUSTRIAL DEVELOPMENT AGENCY

2023 FORM OF ANNUAL EMPLOYMENT AND  
FINANCIAL ASSISTANCE CERTIFICATION LETTER

Michael S. Puntillo Development Company  
36 Glen Street, Glen Cove, NY 11542

Company name and address:  
Project Name: Glen Cove Housing

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>116,068</u>
Part Time	<u>8</u>	<u>37,424</u>
Construction	_____	_____
Other	_____	_____

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	_____	_____
Part Time	_____	_____
Construction	_____	_____
Other	_____	_____

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 \$ 12,478  
 City/Town Property Tax without Tax Agreement \$ 49,666  
 School Property Tax without Tax Agreement \$ 259,640  
 TOTAL PROPERTY TAXES WITHOUT TAX AGREEMENT \$ 371,784

Total Tax Agreement Payments due without PILOT: \$ 371,784

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 \$ 4209,73  
City Tax Agreement Payment \$ 16,237,53  
School Tax Agreement Payment \$ 38,488,96  
Library Tax Agreement Payment \$ 1200,78  
TOTAL TAX AGREEMENT PAYMENTS \$ 60,139,00

Net Exemptions \$ 311,645  
(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 avoidance of the agreement and potential claw back of benefits.

Signed: 

Name: Michael F Ruttle

Title: General Manager

(authorized company representative)

Date: 1/19/24

Adopted 6-25-19

# NYS-45

(1/19)

## Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

Reference these numbers in all correspondence:

UI Employer registration number 4717656 3

Withholding identification number 201885645 8

Employer legal name:

A-1 REALTY MANAGEMENT INC

### 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
19	20	20

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

1. Jan 1 - Mar 31  2. Apr 1 - Jun 30  3. July 1 - Sep 30  4. Oct 1 - Dec 31  Year 23

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
UI SK	AI SI
	WT SK

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

1. Total remuneration paid this quarter	325785.00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.)	274486.00
3. Wages subject to contribution (subtract line 2 from line 1)	51299.00
4. UI contributions due	1808.29
Enter your UI Rate	3.525 %
5. Re-employment service fund (multiply line 3 by .00075)	38.47
6. UI previously underpaid with interest	
7. Total of lines 4, 5, and 6	1846.76
8. Enter UI previously overpaid	
9. Total UI amounts due (if line 7 is greater than line 8, enter difference)	1846.76
10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)	
11. Apply to outstanding liabilities and/or refund	

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

12. New York State tax withheld	12070.42
13. New York City tax withheld	1161.84
14. Yonkers tax withheld	
15. Total tax withheld (add lines 12, 13 and 14)	13232.26
16. WT credit from previous quarter's return (see instr.)	
17. Form NYS-1 payments made for quarter	13232.26
18. Total payments (add lines 16 and 17)	13232.26
19. Total WT amount due (if line 15 is greater than line 18, enter difference)	
20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)	
20a. Apply to outstanding liabilities and/or refund	<input type="checkbox"/>
20b. Credit to next quarter withholding tax	<input type="checkbox"/>
21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Contributions and Taxes)	1846.76

\* 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
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Totals (column c must equal remuneration on line 1; see instructions for exceptions)

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**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.

<b>a</b> Original last payroll date reported on Form NYS-1, Line A (mmdd)	<b>b</b> Original total withheld reported on Form NYS-1, line 4	<b>c</b> Correct last payroll date (mmdd)	<b>d</b> Correct total withheld
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- ▲
- ▲
- ▲
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- ▲
- ▲

**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 (mmddy) 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 (mmddy) .....
  - 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.

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**NYS-45-ATT (1/19) Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return - Attachment**

Withholding identification number:  
201885645 8

Employer legal name:

A-1 REALTY MANAGEMENT INC

Mark an **X** in the applicable box(es):

A. Original  or Amended return

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

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information (Do not enter negative numbers in columns c, d, and e; see instructions)						
a	b	c	d	e		
Social Security number	Last name, first name, middle initial	Total UI remuneration paid this quarter	Gross federal wages or distribution (see instr.)	Total NYS, NYC, and Yonkers tax withheld		
005-48-8295	GLOVER JAMES A	20282.53	20282.53	882.57		
054-56-2625	EHEVARRIA ANNETTE	14672.35	14672.35	610.70		
064-84-6903	SCOTT RIANYA T	12303.16	12303.16	497.12		
072-58-5888	MITCHELL FELICIA A	15696.42	15189.42	1038.59		
075-68-6373	MASTROSIMONE JEANNETTE	4038.46	4038.46	189.15		
077-48-2794	PARANGELO MARGUERITE M	38276.00	37717.00	2837.62		
077-68-5352	ALIZIO PETER	26000.00	25662.00			
077-68-5703	ALIZIO PAUL	26000.00	25662.00			
077-78-4133	JUMAN HASSAD	9863.50	9863.50	787.54		
093-68-3821	THOMAS JANINE	12431.00	12431.00	485.83		
097-70-8124	LOPEZ-RIVERA JESSENIA	20192.34	19633.34	822.51		
098-60-3536	COHEN PAMELA A	7854.50	7854.50	265.12		
098-78-9587	RAHIM MARIA	7350.00	7350.00	365.56		
099-90-7793	SCHUETTE CARISSA A	3661.60	3661.60	13.68		
101-60-6121	TOM NANCY	1153.92	1153.92	76.89		
106-86-3735	MYERS ANDRE	1781.16	1781.16	73.23		
Total this page only . . . . .		221556.94	219255.94	8946.11		
If first page, enter grand totals of all pages . . . . .		325785.33	320765.33	13232.26		

Page No. 1 of 2

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**A-1 REALTY MANAGEMENT INC.  
PAYROLL ALLOCATION**

EMPLOYEE NAME	GROSS	ALLOC.%	PAYROLL	SEA(48.59%)	NHP(36.17%)	GRS(8.83%)	JMA( 10%)	GLEN (6.41%)	Mill
FELICIA A MITCHELL	68671.62	90	61804.46	30030.79	22354.67	5457.33	0.00	1 3961.67	5584.78
MARGUERITE PARANGELO	139527.10	90	125574.39	58292.79	43414.96	10591.79	0.00	2 7690.06	
JAMES GEORGIANO	84800.00	100	84800.00	39617.71	29497.68	7204.61	8480.00	0.00	
MARIA RAHIM	29415.00	100-NHP	29415.00	0.00	29415.00	0.00	0.00	0.00	
DEBORA ZABALA	66539.22	100-NHP	66539.22	0.00	66539.22	0.00	0.00	0.00	
Cesar Omar Salinas	57520.00	100-GLEN	57520.00	0.00	0.00	0.00	0.00	57520.00 *	
Stephanie Page	23184.81	100	23184.81	11265.50	8385.95	2047.22	0.00	3 1486.15	
Linda Forcina	0.00	100	0.00	0.00	0.00	0.00	0.00	0.00	
Takeem Robinson	31395.09	100-SEA	31395.09	31395.09	0.00	0.00	0.00	0.00	
Emma Rubero	34615.40	100	34615.40	16819.62	12520.39	3056.54	0.00	4 2218.85	
Tina Haines	58133.77	GRS/GLEN	58133.77	0.00	0.00	48335.13	0.00	5 9798.64	
Nancy Tom	39431.27	100-SEA	39431.27	39431.27	0.00	0.00	0.00	0.00	
Stacey Hubbard	28792.03	100-SEA	28792.03	28792.03	0.00	0.00	0.00	0.00	
Jessenia Lopez Rivera	76442.47	100	76442.47	39681.29	29545.01	7216.17	0.00	0.00	
Melissa Kolsch	50065.97	90	45059.37	20894.64	15561.97	3796.54	0.00	6 2756.45	2049.77
Annequa Moye	48251.71	100	48251.71	23445.51	17452.64	4260.63	0.00	7 3092.93	
Jim Glover	58402.78	100 Mill	58402.78						58402.78
Janine Thomas	32730.11	100 Mill	32730.11						32730.11
Gloria Tejeiro	9230.80	100	9230.80	4485.25	3338.78	815.08	0.00	8 591.69	98767.44
Jeannette Mastro Simone	15288.47	100	15288.47	7428.67	5529.84	1349.97		979.99	
Carissa Schuette	5997.80	100	5997.80	4160.23	1521.18	250.61		65.78	
Pamela Cohen	10859.75	100	10859.75	5276.75	3927.97	958.92		696.11	
Annette Echevarria	16780.48	100	16780.48	2706.92	2015.01	10680.69		1377.86	
Rainya Scott	13895.33	100	13895.33	13895.34	0.00	0.00		-0.01	
Ulysses Powell	6189.20	100-SEA	6189.20	6189.20	0.00	0.00	0.00	0.00	
Hassad Juman	9863.50	100	9863.50	4792.67	3567.63	870.95	0.00	632.25	
Andre Meyer	1781.16	100-SEA	1781.16	1781.16					
<b>TOTAL</b>	<b>1017804.84</b>		<b>991978.37</b>	<b>390382.42</b>	<b>294587.91</b>	<b>106892.18</b>	<b>8480.00</b>	<b>92868.42</b>	
<b>TAXES</b>		7.65%	<b>75886.35</b>	<b>29864.25</b>	<b>22535.97</b>	<b>8177.25</b>	<b>648.72</b>	<b>7,104.43</b>	<b>7,555.71</b>
<b>TOTAL ALLOCATION</b>			<b>1067864.72</b>	<b>420246.67</b>	<b>317123.88</b>	<b>115069.44</b>	<b>9128.72</b>	<b>99972.86</b>	<b>106323.15</b>