

**GLEN COVE INDUSTRIAL DEVELOPMENT AGENCY**

**2024 FORM OF ANNUAL EMPLOYMENT AND  
FINANCIAL ASSISTANCE CERTIFICATION LETTER**

Company name and address: GEORGICA GREEN VENTURES

Project Name: Garvies Point Workforce LLC

**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>\$80,000.00/annual</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>1</u>	<u>\$80,000.00</u>
Part Time	<u>          </u>	<u>          </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

N/A

(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:

\$ N/A

**TAX AGREEMENT INFORMATION: (EXEMPTIONS)**

County Real Property Tax without Tax Agreement

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

City/Town Property Tax without Tax Agreement

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

School Property Tax without Tax Agreement

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

TOTAL PROPERTY TAXES WITHOUT TAX AGREEMENT

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

Total Tax Agreement Payments due without PILOT:


\$ N/A

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	\$ _____
City Tax Agreement Payment	\$ _____
School Tax Agreement Payment	\$ _____
Library Tax Agreement Payment	\$ _____
TOTAL TAX AGREEMENT PAYMENTS	\$ <u>63,177.71</u>

Net Exemptions \$ \_\_\_\_\_  
(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: DAVID GALLO  
Title: PRESIDENT

(authorized company representative)

Date: 2/14/25

Adopted 6-25-19

**MARIANNE DELARGY**  
 Social Security #: 076-74-1800

a Employee's social security number <b>076-74-1800</b>					
c Employer's name, address, and ZIP code <b>GEORGICA PROPERTY MANAGEMENT, LLC 49 HERB HILL ROAD GLEN COVE, NY 11542</b>		1 Wages, tips, other compensation <b>46718.65</b>	2 Federal income tax <b>2893.63</b>		
		3 Social security wages <b>46718.65</b>	4 Social security tax <b>2896.60</b>		
		5 Medicare wages and tips <b>46718.65</b>	6 Medicare tax withheld <b>677.38</b>		
b Employer's identification number <b>84-3167795</b>	d Control Number <b>137505-67</b>	7 Social security tips		8 Allocated tips	
e Employee's name and address <b>MARIANNE DELARGY 10 TRENT LANE SMITHTOWN, NY 11787</b>		9		10 Dependent care benefits	
		11 Nonqualified plans		12 See instrs. for box 12	
		13 Stat emp. Ret. Plan 3 Party Sick			
		14 Other			
15 State & Employer's state ID NY   <b>843167795</b>	16 State wages, tips, etc <b>46718.65</b>	17 State income tax <b>2107.77</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

**W2** Wage and Tax Statement **2024**  
 Copy D for Employer's records  
 OMB No. 1545-0046