

# NCIDA Exhibit F

## Agent Agreement / Leaseback Agreement

**PROJECT NAME AND ADDRESS:** \_\_\_\_\_

**COMPANY NAME AND ADDRESS:** \_\_\_\_\_

**Section 1: Employment Survey**

Number of full-time equivalent (FTE) employees for the location that is receiving IDA benefits. Please provide the peak number of employees for the past calendar year. (Note: 2 part-time employees = 1 full-time equivalent). \_\_\_\_\_

Number of full-time construction jobs created during the past Fiscal Year: \_\_\_\_\_

Include a copy of your **NYS-45** Quarterly Combined Withholding, Wage Reporting & Unemployment Insurance Return Form for the quarter ending 12/31. You **DO NOT** have to include Part C – Employee Wage & Withholding Information or NYS-45 ATT.

Reason for variance from previous year, if any: \_\_\_\_\_

Average Annual Salary of Jobs: \$ \_\_\_\_\_

Annual Salary Range of Jobs: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

**For Multi-Tenant Clients Only:**

Please provide a list of current tenants and provide the following for each tenant (enclose additional sheets if necessary):

Tenant Name	Number or Estimate of Full-Time Jobs

**Section 2: 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 YES, please provide the amount of sales tax savings received by the Company and all appointed subagents.**

**\*Submit 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.**

**\*Also attach copies of all ST-60's filed for subagents for the reporting period.**

**Section 3: Certification:**

I certify that to the best of my knowledge and belief all of the information on the form is correct. I further certify that the salary ranges or averages for the jobs retained and/or 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 jobs retained and 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.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If any contact information(name, phone, email) or mailing information is incorrect, please provide the updated information:

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