**JOBS, SALARY & FRINGE REPORT**

**Calendar Year January 1, 2018 – December 31, 2018**

Complete the Information Below:

1. Number of Full-Time Employees as of December 31, 2018....................................................................................

2. Number of Part-Time Employees as of December 31, 2018......... ..........................................................................

3. Number of Contract Full-Time Employees as of December 31, 2018.................................. ....................................

4. Number of Contract Part-Time Employees as of December 31, 2018………...........................................................

Salary & Fringe Benefit Information

5. Are the Salary and Fringe benefit averages for categories of jobs retained and jobs created provided at application still current?......❑ Yes ❑ No

If the answer to item 5 above is YES, please skip the chart below.

If NO, complete the below information:

Average Annual Salary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average Annual Fringe Benefit Retained\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retained Created Full Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retained Created Part Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Full Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Part Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TENANT’S EMPLOYMENT & BENEFITS REPORT**

**For the Calendar Year January 1, 2018 – December 31, 2018**

1. Number of permanent Full-Time Employees as of December 31, 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Number of non-permanent Full-Time Employees as of December 31, 2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Number of permanent Part-Time Employees as of December 31, 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Number of non-permanent Part-Time Employees as of December 31, 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5a. Number of “non-Construction” Contract Employees as of December 31,

2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5b. Average number of Construction Employees as of December 31, 2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does the Company receive Commercial Expansion Program (“CEP”) benefits? ❑ Yes ❑ No

If yes, what was the value realized during 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does the Company receive Relocation and Employment Assistance Program (“REAP”) benefits? ❑ Yes ❑ No If yes, what was the value realized during 2018 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include all Permanent Full-Time & Part time, Temporary Full-Time& Part-Time, Contract and Construction Employees as of December 31, 2018

8a. Total Number of Industrial Jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8b. Number of Industrial Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9a. Total Number of Restaurant Jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9b. Number of Restaurant Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10a. Total Number of Retail Jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10b. Number of Retail Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11a. Total Number of Other Jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11b. Number of Other Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12a. Total Number of Jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12b. Number of Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has an Interest Rate Swap occurred during the 2018? YES NO

(If Yes, please continue to question 2. If No, skip questions 2 & 3 then sign form)

2. What is the new Interest Rate? Fixed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Variable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What date did the swap occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT & BENEFITS REPORT 2018**

1. Number of Permanent Full-Time Employees (including those of Tenants) as of December 31, 2018....... .....................

2. Number of Non-Permanent Full-Time Employees (including those of Tenants) as of December 31, 2018… .................

3. Number of Permanent Part-Time Employees (including those of Tenants) as of December 31, 2018.............................

4. Number of Non-Permanent Part-Time Employees (including those of Tenants) as of December 31, 2018………..........

5a. Number of Contract Employees as of December 31, 2018.................................. ...........................................................

5b. Average number of Contract Construction Employees during year ending December 31, 2018………................

6. Total Number of employees of the Company and its Affiliates included in Items 1, 2, 3 and 4 ............ ............ (Excluding Tenants)

For each employee included in this item 6, attach the Summary Page of the NYS-45 Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return for the period including December 31, 2018.

7. Number of employees included in item 6 above who reside in the City of New York...............................................

8. Does the Company and its Affiliates offer health benefits to all Full-Time Employees? ....... ❑ Yes ❑ No

All Part-Time Employees? ...... ❑ Yes ❑ No

If the answer to item 6 above is fewer than 250 employees, please skip questions 9-13 and continue with questions 14-16

9. Number of employees in Item 6 who are “Exempt” ..........................................

10. Number of employees in Item 6 who are “Non-Exempt” ......................................................................... ................

11. Number of employees in item 6 that earn up to $25,000 annually.......................................................... ...............

12. Number of employees in item 6 that earn $25,001 - $40,000 annually................................................... ................

13. Number of employees in item 6 that earn $40,001 - $50,000 annually................................................... ................

For Items 14-16, indicate the value of the benefits realized by the Company and its Affiliates at Project Locations during FY’18.

14. Does the Company and/or its Affiliates receive Commercial Expansion Program (“CEP”) benefits? .....................……………………….... ❑ Yes ❑ No

If yes, what was the value realized during FY’18……..............................................................................................

15. Does the Company and/or its Affiliates receive Relocation and Employment Assistance Program (“REAP”) benefits? ……………………❑ Yes ❑ No

If yes, what was the value realized during 2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

16. Has the Company and/or its Affiliates applied for Industrial and Commercial Abatement Program (“ICAP”) benefits for new physical improvements at the Project Location(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ …………………………❑ Yes ❑ No

If yes, please provide the application number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include all Permanent Full-Time & Part-Time, Temporary Full-Time & Part-Time, Contract and Construction Employees as of December 31, 2018

17a. Total Number of Industrial Jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17b. Number of Industrial Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18a. Total Number of Restaurant Jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18b. Number of Restaurant Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19a. Total Number of Retail Jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19b. Number of Retail Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20a. Total Number of Other Jobs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20b. Number of Other Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21a. Total Number of Jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21b. Number of Jobs Earning a Living Wage or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Items 22-23, indicate the value of the benefits realized by the Company and its Affiliates at Project Locations during 2018.

22. What was the value of sales and use tax exemption savings realized by the Company and its Affiliates as a result of the Company’s receipt of MVIDA

Financial Assistance during the 2018. (Do not include any sales and use tax savings realized under the NYS Empire Zone Program or through a not-for-profit exemption)

Certification: I, the undersigned, an authorized officer or principal owner of the Company/Affiliate/Tenant, hereby certify to the best of my knowledge and belief that all information contained in this report is true and complete. This form and information provided pursuant hereto may be disclosed to the New York State Comptroller Office and any other reporting or disclosure required by law.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_