

New York State Department of Taxation and Finance

Contractor Certification to Covered Agency (Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

ST-220-

r information, consult Publication 223. Questions and Answers Concerning Tax Law Section 5-a (see Need Help? on back).

Contractor name				For covered agency use only	
P4H, Inc.				Contract number or description	
Contractor's principal place of business	City	State	ZIP code		
11 David Drive	North Salem	NY	10560		
Contractor's mailing address (if different that Box 887, Goldens Bridge NY 105)	Estimated contract value over the full term of contract (but not including renewals)				
Contractor's federal employer identification					
20-1146026	Thuriber (Env)	es tax ID number (if different f	10/11 00/11.00	\$	
Contractor's telephone number 917 716-7475	Covered agency name NYS Dept of Health				
Covered agency address One Commerce Plaza Rm. 1450 Albany NY				Covered agency telephone numbe 518 473-4845	
of the above-named contractor, the that: (Mark an X in only one box)	at I am authorized to make t	nis certification on be	enan or Such oc	initiacioi, and Flurinoi oci my	
The contractor has filed Form ST-contractor's knowledge, the inform	220-TD with the Department of nation provided on the Form S	f Taxation and Finance T-220-TD, is correct and	in connection wi I complete.	th this contract and, to the best o	
☑ The contractor has previously file	d Form ST-220-TD with the Tax	Department in connec	Department in connection with C-432e (insert contract number or description)		
and, to the best of the contractor' as of the current date, and thus the	s knowledge, the information properties to the contractor is not required to	rovided on that previous file a new Form ST-220	sly filed Form ST -TD at this time.	-220-TD, is correct and complete	
Sworn to this 25 day ofA	oril , 20 <u>22 </u>				
D. Suc		Deborah Grone	er D'Agostino, F	President	
(sign before a not			(ti	tle)	

Instructions

General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, Contractor Certification to Covered Agency, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. See Need help? for more information on how to obtain this publication. In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

Note: Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- i. The procuring entity is a covered agency within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a contractor within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a contract within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for commodities or services, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned on or after April 26, 2006 (the effective date of the section 5-a amendments).

Individual, Corporation, Partnership, or LLC Acknowledgment STATE OF } SS:: 052483690 COUNTY OF April in the year 2022, before me personally appeared Deborah Groner DAgostino On the $\frac{25}{100}$ day of $\frac{1}{100}$ known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that she resides at 11 David Drive Town of North Salem County of Westchester State of New York : and further that: [Mark an X in the appropriate box and complete the accompanying statement.] [(If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf. ☐ (If a corporation): She is the President of P4H,Inc. , the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, She is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, She executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation. (If a partnership): _he is a _____ _, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership. (If a limited liability company): _he is a duly authorized member of _ LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited

Notary Public

Registration No.

Privacy notification

liability company.

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

NOTARY PUBLIC STATE OF NEW YORK WESTCHESTER COUNTY

MARY R RHUDA

LIC. #01RH6097975

COMM. EXP. 12/12/23

Need help?



Visit our Web site at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features

Telephone assistance

Sales Tax Information Center:

(518) 485-2889

To order forms and publications:

(518) 457-5431

Text Telephone (TTY) Hotline (for persons with

hearing and speech disabilities using a TTY): (518) 485-5082

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

OSC Use Only:

Reporting Code: Category Code:

Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health

Agency Code: 12000

Contractor Name: P4H, Inc

Contract Number: 20052

Contract Start Date: 6/1/22

Contract End Date: 5/31/27

NOTE: DATA IS ESTIMATED BASED ON PAST EXPERIENCE AND A PROJECTED 300 E-MODS

r			
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Architects 17-1011	1	1500	\$300,000
CEO 11-1101	1	1200	\$240,000
	2		
Administrative/ Surveyor 11-3011		2100	\$315,000
Interior Designer 27-0125	1	120	\$21,600
Nurse Practitioner	1	120	\$21,600
	1112-11-		
Total this page	6	5,040	\$898,200
Grand Total	6	5,040	\$898,200

Name of person who prepared this report: Deborah Groner D'Agostino

Title: President

Phone #: 917-716-7475

Preparer's Signature:

Date Prepared: 4/25/2022

(Use additional pages, if necessary)

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