

STATE OF NEW YORK
STATE TAX COMMISSION

In the Matter of the Petition

of

NATIONAL HEALTH INSTITUTE, INC.

AFFIDAVIT OF MAILING

For a Redetermination of a Deficiency or
a Revision of a Determination or a Refund
of Sales and Use
Taxes under Article(s) 28 & 29 of the
Tax Law for the Year(s) or Period(s)
4/1/74.

State of New York
County of Albany

Donna Scranton, being duly sworn, deposes and says that
she is an employee of the Department of Taxation and Finance, over 18 years of
age, and that on the 24th day of September, 1976, she served the within
Notice of Default - by ~~(certified)~~ mail upon National Health
Institute, Inc. ~~(representative of)~~ the petitioner in the within proceeding,
by enclosing a true copy thereof in a securely sealed postpaid wrapper addressed
as follows: National Health Institute, Inc.
94 Main Street
Nyack, New York

and by depositing same enclosed in a postpaid properly addressed wrapper in a
(post office or official depository) under the exclusive care and custody of
the United States Postal Service within the State of New York.

That deponent further says that the said addressee is the ~~(representative~~
~~of the)~~ petitioner herein and that the address set forth on said wrapper is the
last known address of the ~~(representative of the)~~ petitioner.

Sworn to before me this

24th day of September, 1976

Donna Scranton

Janet Mack



STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE

TAX APPEALS BUREAU

STATE CAMPUS
ALBANY, N.Y. 12227

STATE TAX COMMISSION

ADDRESS YOUR REPLY TO

September 24, 1976

TELEPHONE: (518) ~~457-3850~~

National Health Institute, Inc.
94 Main Street
Nyack, New York

GENTLEMEN:

Please take notice of the **DEFAULT**
of the State Tax Commission enclosed herewith.

Please take further notice that pursuant to
Section(s) **1138 & 1243** of the Tax Law, any
proceeding in court to review an adverse deci-
sion must be commenced within **4 months**
from the date of this notice.

Inquiries concerning the computation of tax
due or refund allowed in accordance with this
decision or concerning any other matter relative
hereto may be addressed to the undersigned. They
will be referred to the proper party for reply.

Very truly yours,

FRANK J. PUCCIA
SUPERVISOR OF SMALL
CLAIMS HEARINGS

Enc.

cc: ~~Petitioner's Representative~~
~~XXXXXXXXXXXXXXXXXXXX~~

Taxing Bureau's Representative:

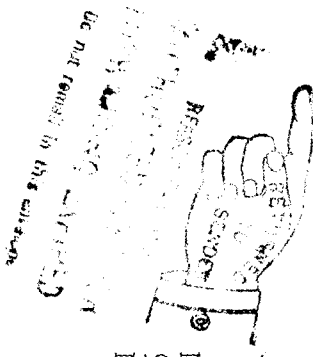
STATE OF NEW YORK

Department of Taxation and Finance

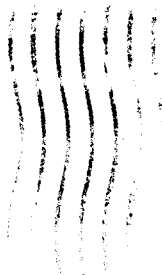
TAX APPEALS BUREAU

STATE CAMPUS

ALBANY, N. Y. 12227



National Health Institute, Inc.
94 Main Street
Nyack, New York



9-22-76
80/01/54

SEP 25 AM 1976
10890

TAX APPEALS BUREAU
SMALL CLAIMS
SEP 27 1976
RECEIVED

STATE OF NEW YORK
STATE TAX COMMISSION

In the Matter of the Petition
of
NATIONAL HEALTH INSTITUTE, INC.
for Revision or for Refund of Sales & Use Taxes
under Article(s) 28 & 29 of the Tax Law for the
~~Year(s)~~ Period 4/1/74.

DEFAULT ORDER

Petitioner(X) National Health Institute, Inc., 94 Main Street,
Nyack, New York filed a petition for revision or for refund of
sales & use taxes under Article(s) 28 & 29 of the Tax Law for the
~~year(s)~~ period 4/1/74 . File No. ~~(s)~~ 90,775,837

A small claims hearing on the petition was scheduled before
William Valcarcel, Hearing Officer , at the offices of the State
Tax Commission, Two World Trade Center, 65th Floor, New York, New York
on Tuesday, July 13, 1976, at 10:45 A.M. . Notice of said small claims
hearing was given to petitioner ~~(s)~~ and ~~petitioner(s)~~ representative ~~(s)~~

. Petitioner ~~(s)~~ ~~or petitioner(s)~~ representative ~~(s)~~ did
not appear at the small claims hearing . A default has been duly noted.


Now on motion of the attorney for the Department of Taxation and Finance,
it is

ORDERED that the petition of National Health Institute, Inc.
be and the same is hereby denied.

DATED: Albany, New York
September 24, 1976

STATE TAX COMMISSION


PRESIDENT


COMMISSIONER


COMMISSIONER

IT-775 (1/64)

Income Tax Bureau

BETTER ADDRESS

INSTRUCTIONS TO FILES:

☒ Find most recent address of taxpayer

☐ Find most recent address of partner or fiduciary

INSTRUCTIONS TO CHARGE DESK:

☒ Remail c/o Employer
(If more than one employer, list name)

☐ Remail to taxpayer at:

NATIONAL HEALTH
INSTITUTE, INC.
44 MAIN STREET
NYACK, NEW YORK

DATE OF RET. - 75/10/08
350 80155

Examiner FRANK J. PACIO, SUPERVISOR, 50811.
Division TAC Unit BLDS #9 ROOM 107 CLAIMS

FILES SECTIONS SEARCHES:

☐ Latest Kardveyer 19____
Other K.V. Years 19____

☐ Telephone Book

☐ City Directory

☐ Other

3 Reg Card
0 BS X Ry Cards
0 Approved Exempts
0 Corres
0 Chesap Exempts



Searched by 418
Date 9/29/76

File Section Sales Tax

PERMANENT RECORD

ATTACH TO LOWER LEFT CORNER OF RETURN
STAPLE LEFT SIDE ONLY



STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE

TAX APPEALS BUREAU
STATE CAMPUS
ALBANY, N.Y. 12227

STATE TAX COMMISSION

ADDRESS YOUR REPLY TO

September 24, 1976

TELEPHONE: (518) 457-3850

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Nyack, New York

GENTLEMEN:

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Very truly yours,

FRANK J. PUCCIA
SUPERVISOR OF SMALL
CLAIMS HEARINGS

Enc.

cc: ~~Petitioner's Representative:~~
~~XXXXXXXXXXXXXXXXXXXXXXX~~

Taxing Bureau's Representative:

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STATE TAX COMMISSION

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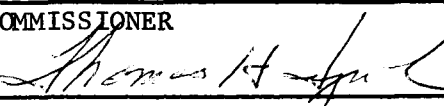
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DATED: Albany, New York
September 24, 1976

STATE TAX COMMISSION


PRESIDENT


COMMISSIONER


COMMISSIONER