

STATE OF NEW YORK  
STATE TAX COMMISSION

---

In the Matter of the Petition :  
of :  
Lee Ann Pitkiewicz : DEFAULT ORDER  
: 82-P-39  
for Revision or for Refund of Sales & Use Tax :  
under Article(s) 28 & 29 of the Tax Law for the :  
Period 3/1/75-12/22/77. :

---

Petitioner(s) Lee Ann Pitkiewicz filed a petition for revision or for refund of Sales & Use Tax under Article(s) 28 & 29 of the Tax Law for the Period 3/1/75-12/22/77. File No. 33188.

Under Section 601.5 of the State Tax Commission Rules of Practice and Procedure, a notice was served on the petitioner(s) representative, to file a perfected petition. Notice to file the perfected petition was sent to the representative's last known address. Petitioner(s) failed to file a perfected petition. A default has been duly noted.

Now on motion of the Secretary to the State Tax Commission, it is

ORDERED that the petition of Lee Ann Pitkiewicz be and the same is hereby denied.

DEFAULT ORDER  
ADOPTED BY THE STATE TAX COMMISSION  
ALBANY, NEW YORK  
DECEMBER 24, 1982

STATE OF NEW YORK  
STATE TAX COMMISSION  
ALBANY, NEW YORK 12227

MICHAEL ALEXANDER  
SECRETARY  
Telephone: (518) 457-6162

December 24, 1982

Lee Ann Pitkiewicz  
3528 Neptune Ave.  
Oceanside, NY 11572

Dear Mrs. Pitkiewicz:

Please take notice of the Default Order of the State Tax Commission enclosed herewith.

Please take further notice that pursuant to Section(s) 1138 of the Tax Law, any proceeding in court to review this decision must be commenced within 4 months from the date of this notice.

Inquires concerning the computation of tax due or refund allowed in accordance with this decision may be addressed to the undersigned.

Very truly yours,

MICHAEL ALEXANDER  
SECRETARY TO THE  
STATE TAX COMMISSION

cc: Petitioner's Representative  
Michael H. Lester  
Schooler, Weinstein, Minsky & Lester, P.C.  
1585 Front St.  
East Meadow, NY 11554  
Taxing Bureau's Representative

**P 278 401 542**  
**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED—  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

|                                                                     |                                             |    |
|---------------------------------------------------------------------|---------------------------------------------|----|
| SENT TO <i>Michael H. Lester</i>                                    |                                             |    |
| <i>Scholar, Weinstein, Minsky &amp; Lester, P.C.</i>                |                                             |    |
| STREET AND NO.<br><i>1585 Front St.</i>                             |                                             |    |
| P.O., STATE AND ZIP CODE<br><i>East Meadow, NY 11554</i>            |                                             |    |
| POSTAGE                                                             | \$                                          |    |
| CONSULT POSTMASTER FOR FEES                                         | CERTIFIED FEE                               | ¢  |
|                                                                     | SPECIAL DELIVERY                            | ¢  |
|                                                                     | RESTRICTED DELIVERY                         | ¢  |
|                                                                     | OPTIONAL SERVICES                           |    |
|                                                                     | RETURN RECEIPT SERVICE                      |    |
|                                                                     | SHOW TO WHOM AND DATE DELIVERED             | ¢  |
|                                                                     | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | ¢  |
| SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            | ¢                                           |    |
| SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢                                           |    |
| TOTAL POSTAGE AND FEES                                              |                                             | \$ |
| POSTMARK OR DATE                                                    |                                             |    |

PS Form 3800, Apr. 1976

**P 278 401 540**  
**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED—  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

|                                                                     |                                             |    |
|---------------------------------------------------------------------|---------------------------------------------|----|
| SENT TO <i>Lee Ann Pitkiewicz</i>                                   |                                             |    |
| <i>3528 Neptune Avenue</i>                                          |                                             |    |
| P.O., STATE AND ZIP CODE<br><i>Oceanside, NY 11572</i>              |                                             |    |
| POSTAGE                                                             | \$                                          |    |
| CONSULT POSTMASTER FOR FEES                                         | CERTIFIED FEE                               | ¢  |
|                                                                     | SPECIAL DELIVERY                            | ¢  |
|                                                                     | RESTRICTED DELIVERY                         | ¢  |
|                                                                     | OPTIONAL SERVICES                           |    |
|                                                                     | RETURN RECEIPT SERVICE                      |    |
|                                                                     | SHOW TO WHOM AND DATE DELIVERED             | ¢  |
|                                                                     | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | ¢  |
| SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            | ¢                                           |    |
| SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢                                           |    |
| TOTAL POSTAGE AND FEES                                              |                                             | \$ |
| POSTMARK OR DATE                                                    |                                             |    |

PS Form 3800, Apr. 1976