

JOHN J. SOLLECITO DIRECTOR

Telephone: (518) 457-1723

November 19, 1982

A. Reichberg Officer of A.C.S. Cosmetic Corp. 31 New St. New York, NY 10004

Dear Mr. Reichberg:

Please take notice of the Default Order 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 this decision 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 may be addressed to the undersigned at the above address.

very trary yours

Joseph Chyrywaty

Supervisor of Tax Conferences

cc: Petitioner's Representative

Taxing Bureau's Representative

In the Matter of the Petition

of

A. Reichberg

DEFAULT ORDER

Officer of A.C.S. Cosmetic Corp.

82-C-33

:

for Revision or for Refund of Sales & Use Tax

under Article 28 & 29 of the Tax Law for the Period :

3/1/78-11/30/79.

Petitioner(s) A. Reichberg Officer of A.C.S. Cosmetic Corp. filed a petition for revision or for refund of Sales & Use Tax under Article 28 & 29 of the Tax Law for the Period 3/1/78-11/30/79. File No. 36508.

A pre-hearing conference on the petition was scheduled before Bruce M.

Rauch, at the offices of the State Tax Commission, 141 Livingston Street,

Brooklyn, New York 11201 on Tuesday, September 14, 1982 at 11:00 a.m. Notice of said pre-hearing conference was given to petitioner(s). Petitioner(s) did not appear at the pre-hearing conference. A default has been duly noted.

Now on motion of the State Tax Commission, it is

ORDERED that the petition of A. Reichberg Officer of A.C.S. Cosmetic Corp. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
NOVEMBER 19, 1982

P 230 844 446

RECEIPT FOR CERTIFIED MAIL

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

(Occ neverse)				
HOS Casne				
STREET AND NO.				
31 new Steet				
P.O., STATE AND ZIP CODE				
new yest N 4. 10004				
POSTAGE /				\$
	CERTIFIED FEE			¢
EES	OPTIONAL SERVICES	SPECIAL DELIVERY		¢
OR F		RESTRICTED DELIVERY		¢
CONSULT POSTMASTER FOR FEES		IVICE	SHOW TO WHOM AND DATE DELIVERED	¢
		IRN RECEIPT SERVICE	SHOW TO WHOM, DATE. AND ADDRESS OF DELIVERY	¢
			SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
5		RETURN	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES				s
POSTMARK OR DATE				
i				
,				

S Form 3800, Apr. 1976