



New York State Tax Commission  
**TAX APPEALS BUREAU**

State Campus,  
Albany, New York 12227

JOHN J. SOLLECITO  
DIRECTOR

Telephone: (518) 457-1723

STATE TAX COMMISSION  
JAMES H. TULLY, JR., PRESIDENT  
FRANCIS R. KOENIG  
MARK FRIEDLANDER

May 21, 1982

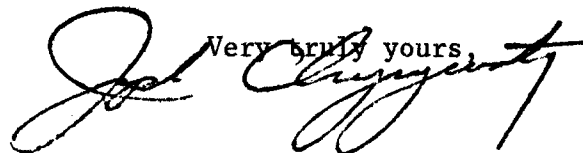
Vincent Sasek  
d/b/a Casa Nova Restaurant  
461 Richmond Ave.  
Staten Island, NY 10302

Dear Mr. Sasek:

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 truly yours,  


cc: Petitioner's Representative

Taxing Bureau's Representative

STATE OF NEW YORK  
STATE TAX COMMISSION

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In the Matter of the Petition :  
of :  
Vincent Sasek : DEFAULT ORDER  
d/b/a Casa Nova Restaurant : 82-C-9  
:  
for Revision or for Refund of Sales & Use Tax :  
under Article 28 & 29 of the Tax Law for the Period :  
12/1/77-11/30/80 :

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Petitioner(s) Vincent Sasek, d/b/a Casa Nova Restaurant filed a petition for revision or for refund of Sales & Use Tax under Article 28 & 29 of the Tax Law for the Period 12/1/77-11/30/80. File No. 34460.

A pre-hearing conference on the petition was scheduled before Bruce Rauch, at the offices of the State Tax Commission, Two World Trade Center, Room 65-51 New York, New York 10047 on Thursday, January 14, 1982 at 1:00 p.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 Vincent Sasek, d/b/a Casa Nova Restaurant be and the same is hereby denied.

DEFAULT ORDER  
ADOPTED BY THE STATE TAX COMMISSION  
ALBANY, NEW YORK  
MAY 21, 1982

**P 230 840 17.0**  
**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED—  
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

*Hyattsville, DC*  
*441 Richmond Ave.*  
*State Island NY*  
*10502*

PS Form 3800, Apr. 1976

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|-----------------------------|------------------------|---|---|
| STREET AND NO.              |                        | P.O., STATE AND ZIP CODE  |   |
| POSTAGE                     |                        | 70302   |   |
| CONSULT POSTMASTER FOR FEES | OPTIONAL SERVICES      | CERTIFIED FEE   | ¢ |
|                             |                        | SPECIAL DELIVERY  | ¢ |
|                             |                        | RESTRICTED DELIVERY   | ¢ |
|                             | 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            |                        |   |   |