

STATE OF NEW YORK
STATE TAX COMMISSION

In the Matter of the Petition :
of :
Stag View Inn : DEFAULT ORDER
: 82-C-13
for Revision or for Refund of Sales & Use Tax :
under Article 28 & 29 of the Tax Law for the Period :
3/1/78-8/31/80 :

Petitioner(s) Stag View Inn filed a petition for revision or for refund of Sales & Use Tax under Article 28 & 29 of the Tax Law for the Period 3/1/78-8/31/80. File No. 35018.

A pre-hearing conference on the petition was scheduled before Bruce M. Rauch, at the offices of the State Tax Commission, 317 Washington Street, Watertown, New York 13601 on Wednesday, April 7, 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 Stag View Inn be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
JUNE 4, 1982



New York State Tax Commission

TAX APPEALS BUREAU

State Campus,
Albany, New York 12227

STATE TAX COMMISSION

JAMES H. TULLY, JR., PRESIDENT

FRANCIS R. KOENIG

MARK FRIEDLANDER

JOHN J. SOLLECITO

DIRECTOR

Telephone: (518) 457-1723

June 4, 1982

Stag View Inn
Spencer Rd.
Boonville, NY 13309

Gentlemen:

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

P 230 842 600
RECEIPT FOR CERTIFIED MAIL

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

SENT TO		Stag View Inn	
STREET AND NO.		Spencer Rd	
P.O. STATE AND ZIP CODE		Boonville N.Y 13309	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	c
		SPECIAL DELIVERY	c
		RESTRICTED DELIVERY	c
		RETURN RECEIPT SERVICE	
		SHOW TO WHOM AND DATE DELIVERED	c
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	c
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	c
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	c	
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976