



New York State Tax Commission

TAX APPEALS BUREAU

State Campus,
Albany, New York 12227

JOHN J. SOLLECITO

DIRECTOR

Telephone: (518) 457-1723

February 4, 1983

Airequipt, Inc.
20 Jones Street
New Rochelle, NY 10802

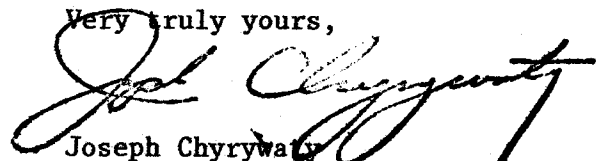
Gentlemen:

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

Please take further notice that pursuant to Section(s) 1138 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,



Joseph Chyrywat
Supervisor of Tax Conferences

cc: Petitioner's Representative

Taxing Bureau's Representative

STATE OF NEW YORK
STATE TAX COMMISSION

In the Matter of the Petition :
of :
Airequipt, Inc. : DEFAULT ORDER
: 83-C-1
for Revision or for Refund of Sales & Use Tax :
under Article 28 & 29 of the Tax Law for the Period :
6/1/74 - 2/28/78 :

Petitioner(s) Airequipt, Inc. filed a petition for revision or for refund of Sales & Use Tax under Article 28 & 29 of the Tax Law for the Period 6/1/74 - 2/28/78. File No. 36995.

A pre-hearing conference on the petition was scheduled before Frank Fleury, at the offices of the State Tax Commission, 99 Church Street, Second Floor, White Plains, New York 10601 on Thursday, October 21, 1982 at 10:45 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 Airequipt, Inc. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
FEBRUARY 4, 1983

P 278 401 736

RECEIPT FOR CERTIFIED MAIL

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

SENT TO		Oisegupt Inc	
STREET AND NO		20 Jones St	
P.O., STATE AND ZIP CODE		New Rochelle N.Y. 10802	
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