



New York State Tax Commission

TAX APPEALS BUREAU

State Campus,
Albany, New York 12227

JOHN J. SOLLECITO

DIRECTOR

Telephone: (518) 457-1723

April 8, 1983

Paula Bastardo
c/o Larry Kohn
142-05 Roosevelt Ave.
Flushing, NY 11354

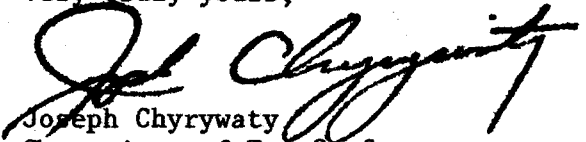
Dear Mr. Kohn:

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

Please take further notice that pursuant to Section(s) 1139 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 Chyrywaty
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 :
Paula Bastardo : DEFAULT ORDER
: 83-C-8
for Revision or for Refund of Sales & Use Tax :
under Article 28 & 29 of the Tax Law for the Period :
1981 :

Petitioner(s) Paula Bastardo filed a petition for revision or for refund of Sales & Use Tax under Article 28 & 29 of the Tax Law for the Period 1981. File No. 37949.

A pre-hearing conference on the petition was scheduled before Joseph Belfiore, at the offices of the State Tax Commission, 97-77 Queens Blvd., Rego Park, New York 11374 on Tuesday, January 18, 1983 at 9:00 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 Paula Bastardo be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
APRIL 8, 1983

P 389 758 773
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

| | |
|--|----|
| Sent to Paula Bastardo | |
| c/o Larry Kohn | |
| Street and No. | |
| 142-05 Roosevelt Ave. | |
| P.O., State and ZIP Code | |
| Flushing, NY 11354 | |
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to whom and Date Delivered | |
| Return Receipt Showing to whom, Date, and Address of Delivery | |
| TOTAL Postage and Fees | \$ |
| Postmark or Date | |

PS Form 3800, Feb. 1982