STATE OF NEW YORK STATE TAX COMMISSION ALBANY, NEW YORK 12227

PAUL B. COBURN
SECRETARY
Telephone: (518) 457-6162

September 7, 1983

Hymies Food Center, Inc. 358 Neptune Avenue Brooklyn, NY 11235

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.

Inquires concerning the computation of tax due or refund allowed in accordance with this decision may be addressed to the undersigned.

Very truly yours,

PAUL B. COBURN
SECRETARY TO THE
STATE TAX COMMISSION

cc: Petitioner's Representative
Murray A. Marcus
281-09 Wheeler Avenue
Valley Stream, NY 11580
Taxing Bureau's Representative

In the Matter of the Petition

of

Hymies Food Center, Inc.

DEFAULT ORDER

83-P-28

for Revision or for Refund of Sales & Use Tax

under Article(s) 28 & 29 of the Tax Law

for the Period 3/1/74-2/28/77.

Petitioner(s) Hymies Food Center, Inc., filed a petition for revision or for refund of Sales & Use Tax under Article(s) 28 & 29 of the Tax Law for the Period 3/1/74-2/28/77. File No. 36986.

Under Section 601.5 of the State Tax Commission Rules of Practice and Procedure, a notice was served on the petitioner(s) representative, to file a perfected petition. Notice to file the perfected petition was sent to the representative's last known address. Petitioner(s) failed to file a perfected petition. A default has been duly noted.

Now on motion of the Secretary to the State Tax Commission, it is

ORDERED that the petition of Hymies Food Center, Inc., be and the same is
hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
SEPTEMBER 7, 1983

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RECEIPT FOR CERTIFIED MAIL

NOT FOR INTERNATIONAL MAIL

(See Reverse)

	Sent to Hymies Food Ce Street and No. 358 Neptune F Po., State and ZIP Code Orooklyn, NY 1 Postage	enter, In Ivenue 1235	۶.
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered	7	
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. 12	TOTAL Postage and Fees	\$	
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rs roim 3600, red. 1762	2		
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P 481 208 208

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to A Macana			
Murray A. Marcus Street and No. 1 281-09 Wheeler Avenue P.O., State and ZIP Code Valley Stream, NY 11580			
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			
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