

New York State Tax Commission TAX APPEALS BUREAU State Campus

Albany, New York 12227

John J. Sollecito, Director (518) 457-1723

August 12, 1983

Kabarry Transit, Inc. 434 DeWitt Ave. Brooklyn, NY 11207

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 Deputy Commissioner and Counsel to the New York State Department of Taxation and Finance, Albany, New York 12227. Said inquiries will be referred to the proper authority for reply.

Very truly yours,

Kathy Pfaffenbach

cc: Petitioner's Representative
Norman Turk
Gillen, Turk & Caliendo, Esq.
233 Broadway
New York, NY 10007
Taxing Bureau's Representative

## STATE OF NEW YORK STATE TAX COMMISSION

In the Matter of the Petition	:	
of	:	
Kabarry Transit, Inc.	:	DEFAULT ORDER
	:	83-F-24
for Revision or for Refund of Sales & Use Tax	:	
under Article 28 & 29 of the Tax Law for the Year	:	
1975.	:	

Petitioner(s) Kabarry Transit, Inc. filed a petition for revision or for refund of Sales & Use Tax under Article 28 & 29 of the Tax Law for the Year 1975. File No. 24039.

A formal hearing on the petition was scheduled before Dan Ranalli, at the offices of the State Tax Commission, Two World Trade Center, Room 65-51, New York, New York 10047 on Tuesday, June 21, 1983 at 9:15 a.m. Notice of said formal hearing was given to petitioner(s) and petitioner's representative. Petitioner(s) did not appear at the formal hearing. A default has been duly noted.

Now on motion of the attorney for the Department of Taxation and Finance, it is

ORDERED that the petition of Kabarry Transit, Inc. be and the same is hereby denied.

## DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK AUGUST 12, 1983

## P 481 208 319

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED-NOT FOR INTERNATIONAL MAIL

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1	Street and No. 4 34 Dewitt AUR			
	P.O., State and ZIP Code	5 A 7 2		
	BROOKLYN N.Y. 11	207		
	Postage	\$		
-	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
	Return Receipt Showing to whom and Date Delivered			
	Return Receipt Showing to whom,		1	
22	Date, and Address of Delivery		4	
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	\$		
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## P 481 208 320

RECEIPT FOR CERTIFIED MAIL

10 INSURANCE COVERAGE PROVIDED-

NOT FOR INTERNATIONAL MAIL (See Reverse) Sent to NORMAN TURK Gillen ITUKKY CALLONDO, ESC Street and No. 233 BROCKWAY P.O., State and ZIP Code <u>Ling</u> 10.y 0007 \$ 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 \$ PS Form 3800, Feb. Postmark or Date

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