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

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

August 24, 1984

Thomas C. Accardi Off. of Tea Auto Clinic, Inc. 95-18 81st Street Ozone Park, NY 11416

Dear Mr. Accardi:

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 Ira Rubenstein Rubenstein & Cohen 299 Broadway, Suite 1205 New York, NY 10007 Taxing Bureau's Representative In the Matter of the Petition

of

Thomas C. Accardi

DEFAULT ORDER

Off. of Tea Auto Clinic, Inc.

84-P-25

for Redetermination of a Deficiency or Revision of :

a Determination or Refund of Sales & Use Tax

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

for the Period 12/1/78 - 10/30/81.

Petitioner(s) Thomas C. Accardí, Off. of Tea Auto Clinic, Inc. filed a petition for redetermination of a deficiency or revision of a determination or refund of Sales & Use Tax under Article(s) 28 & 29 of the Tax Law for the Period 12/1/78 - 10/30/81. File No. 46787

Under Section 601.5 of the State Tax Commission Rules of Practice and Procedure, a notice was served on the representative of the petitioner(s) 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 Thomas C. Accardí, Off. of Tea Auto Clinic, Inc. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
AUGUST 24, 1984

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom, Date, and Address of Delivery TOTAL Postage and Fees Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom, Date, and Address of Delivery TOTAL Postage and Fees Special Delivery Total Postage and Fees

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)			
	Sent to HUPPS Street and No. P.O. State and ZIP Code Postage Postage Office of the Code Postage Office of the Code Off	eill Shell Suite 12	Q
*		# 1000	7
	Special Delivery Fee		
	Restricted Delivery Fee	 	
	Return Receipt Showing to whom and Date Delivered	 	
1982	Return receipt showing to whom, Date, and Address of Delivery		
Feb.	TOTAL Postage and Fees	\$	
PS Form 3800, Feb.	Postmark or Date		