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

August 24, 1984

Apex Elevator Service Co., Inc. 21-54 45th Ave. Long Island City, NY 11101

### Gentlemen:

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

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.

Joseph Chyrywaty

Supervisor of Tax Conferences

cc: Petitioner's Representative Paul Caccia 30 East 42nd St. New York, NY 10017 Taxing Bureau's Representative

#### STATE TAX COMMISSION

In the Matter of the Petition

of

Apex Elevator Service Co., Inc.

DEFAULT ORDER

84-C-22

for Redetermination of a Deficiency or Revision

of a Determination or Refund of

Sales & Use Tax under Article 28 & 29

of the Tax Law for the Period 9/1/79 - 3/30/82.

Petitioner(s) Apex Elevator Service Co., Inc. filed a petition for redetermination of a deficiency or revision of a determination or refund of Sales & Use Tax under Article 28 & 29 of the Tax Law for the Period 9/1/79 - 3/30/82. File No. 41700.

A pre-hearing conference on the petition was scheduled before John S. Juva, at the offices of the State Tax Commission, 97-77 Queens Blvd., Rego Park, New York 11374 on Tuesday, May 8, 1984 at 9:00 a.m. Notice of said pre-hearing conference was given to petitioner(s) and the representative of 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 Apex Elevator Service Co., Inc. be and the same is hereby denied.

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

## P 693 168 564

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Ro

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, ò	Postage  Certified Fee  Special Delivery Fee	\$
	Restricted Delivery Fee  Return Receipt Showing to whom and Date Delivered	
9b. 1982	Return receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees	
	Postmark or Date	\$
PS For		

## P 693 168 563

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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	Restricted Delivery Fee		
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1982	Return receipt showing to whom, Date, and Address of Delivery		
Feb.	TOTAL Postage and Fees	\$	
PS Form 3800, Feb. 1982	Postmark or Date		