

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

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

February 3, 1984

Brockport Exempt Volunteer Fireman's Benevolent Assoc.
Market Street
Brockport, NY 14420

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
Paul B. Hanks
Hanks & Hanks
9 Main St.
Brockport, NY 14420
Taxing Bureau's Representative

STATE OF NEW YORK
STATE TAX COMMISSION

In the Matter of the Petition :
of :
Brockport Exempt Volunteer Fireman's : DEFAULT ORDER
Benevolent Assoc. : 84-P-4
:
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. :

Petitioner(s) Brockport Exempt Volunteer Fireman's Benevolent Assoc.,
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. File No. 42976

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 Brockport Exempt Volunteer Fireman's
Benevolent Assoc., be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
FEBRUARY 3, 1984

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Blackport Evans, Kentucky</i>	
Street and No. <i>Blackport 74</i>	
P.O., State, and ZIP Code <i>Market St</i>	
Postage <i>Blackport 74 14420</i>	
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

P 470 315 415

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Paul B. Hanks</i>	
Street and No. <i>Hanks & Hanks</i>	
P.O., State, and ZIP Code <i>9 Main St</i>	
Postage <i>Blackport 74</i>	
Certified Fee	<i>14490</i>
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