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

November 23, 1984

Joseph Chiapperino 16 West Cliff Lane Lake Grove, NY 11755

Dear Mr. Chiapperino:

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 undersigned at the above address.

Joseph Chyrywaty

Supervisor of Tax Conferences

cc: Petitioner's Representative Robert B. Pollina Pollina, Pollina & Pollina 153 East Main St. Smithtown, NY 11787 Taxing Bureau's Representative

#### STATE TAX COMMISSION

In the Matter of the Petition

of

of S

Joseph Chiapperino

DEFAULT ORDER

84-C-32

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 12/1/79 - 11/30/82.:

Petitioner(s) Joseph Chiapperino 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 12/1/79 - 11/30/82. File No. 46772.

A pre-hearing conference on the petition was scheduled before David Baker, at the offices of the State Tax Commission, State Office Bldg., Veterans

Memorial Hwy., Rm. 1B7, Hauppauge, New York 11787 on Thursday, September 13,

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 Joseph Chiapperino be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
NOVEMBER 23, 1984

### P 693 169 005

### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

| ★ U.S.G.P.O. 1983-403-517 | Sent to Joseph ChiapperiNO  Street and No. 11ff Lang  Po., State and ZIP Code  Lake Sove 11 4 1755 |    |  |
|---------------------------|----------------------------------------------------------------------------------------------------|----|--|
| .S.G.P                    | Postage                                                                                            | \$ |  |
| *                         | Certified Fee                                                                                      |    |  |
|                           | 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                                      |    |  |
| S Form 3800, Feb. 1982    | TOTAL Postage and Fees                                                                             | \$ |  |
| 3800,                     | Postmark or Date                                                                                   |    |  |
| orm                       |                                                                                                    |    |  |
| S                         |                                                                                                    | ,  |  |

## P 693 169 006

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

| P.O. 1983-403-51        | Street and No. Polling & M. P.O., State and ZIP Code Postage Postage Certified Fee | 136<br>1/1/10a<br>54. |
|-------------------------|------------------------------------------------------------------------------------|-----------------------|
| Ì                       | Special Delivery Fee                                                               |                       |
|                         | Restricted Delivery Fee                                                            |                       |
|                         | Return Receipt Showing to whom and Date Delivered                                  |                       |
| 1982                    | Return receipt showing to whom,<br>Date, and Address of Delivery                   |                       |
| Feb.                    | TOTAL Postage and Fees                                                             | \$                    |
| PS Form 3800, Feb. 1982 | Postmark or Date                                                                   |                       |