



New York State Tax Commission
TAX APPEALS BUREAU

State Campus
Albany, New York 12227

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

April 6, 1984

Anthony Coppola, Sr.
P.O. Box 1346
Port Salerno, FL 33492

Dear Mr. Coppola:

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.

Very truly yours,

Joseph Chyrywaty
Supervisor of Tax Conferences

cc: Taxing Bureau's Representative

STATE OF NEW YORK
STATE TAX COMMISSION

In the Matter of the Petition :
of :
Anthony Coppola, Sr. : DEFAULT ORDER
: 84-C-9
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 :
12/1/79-8/31/82. :

Petitioner(s) Anthony Coppola, Sr. 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 12/1/79-8/31/82. File No. 42426.

A pre-hearing conference on the petition was scheduled before Frank Fleury, at the offices of the State Tax Commission, 99 Church Street, Second Floor, White Plains, New York 10601 on Thursday, February 9, 1984 at 3:00 p.m. Notice of said pre-hearing conference was given to 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 Anthony Coppola, Sr. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
APRIL 6, 1984



New York State Department of
TAXATION and FINANCE

Processing Division
State Campus, Albany, New York 12227

Continental Tele Co.
of Upstate NY Inc.

WAIVER, MODIFICATION, OR CANCELLATION OF PENALTY AND INTEREST
REQUIRING APPROVAL OF THE STATE TAX COMMISSION

SS # OR ID # 14-1142390C		
TAXPAYER'S NAME Continental Tele Co., of Upstate NY Inc.		
STREET ADDRESS 201 West Service Rd./P.O. Box 401		
CITY Merrifield	STATE VA	ZIP CODE 22116

TAXING APPLICATION:

- ☐ Corporation Tax
☐ Personal Income Tax
☒ Sales Tax
☐ Withholding Tax
☐ Miscellaneous Tax:

ASSESSMENT NO. Pending
FILING PERIOD 2/28/82, 5/31/82, 8/31/82, 11/30/82, 2/28/83, 5/31/83, 11/30/83

INTEREST AND PENALTY ASSESSED	
\$	Unknown
INTEREST PAID	
\$	To be billed
RECOMMENDED CANCELLATION	
\$	12,202.00

In accordance with established policy, approval of the State Tax Commission (*more than one member*) is required where the proposed cancellation of interest and/or penalty is for an amount in excess of \$5,000.00 or for a situation not covered in policy memoranda.

REASON FOR WAIVER, MODIFICATION OR CANCELLATION:

The taxpayer filed and paid assessed taxes in the amount of \$83,997 on January 10, 1984 for the above periods.

We recommend cancellation of the above penalties based on the taxpayer's good filing record and the statements in his letter of January 10, 1984.

Approval Recommended By:		
NAME <i>[Signature]</i>	TITLE <i>Tax Mgr III</i>	DATE <i>5/16/84</i>
Approval Recommended By:		
NAME <i>[Signature]</i>	TITLE <i>[Signature]</i>	DATE <i>5/11/84</i>
Commissioner		
<i>[Signature]</i>	DATE: <i>5/10/84</i>	APPROVED <input checked="" type="checkbox"/> DISAPPROVED <input type="checkbox"/>
Commissioner		
<i>[Signature]</i>	DATE: <i>5/30/84</i>	APPROVED <input checked="" type="checkbox"/> DISAPPROVED <input type="checkbox"/>
Commissioner		
<i>[Signature]</i>	DATE: <i>5/2-10-84</i>	APPROVED <input checked="" type="checkbox"/> DISAPPROVED <input type="checkbox"/>



New York State Tax Commission
TAX APPEALS BUREAU

State Campus
Albany, New York 12227

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

April 6, 1984

Coppola Ford, Inc.
P.O. Box 1346
Port Salerno, FL 33492

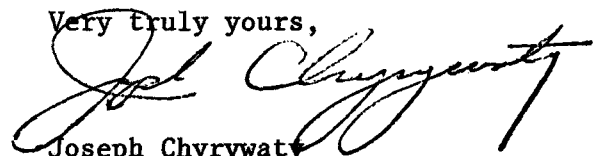
Gentlemen:

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 undersigned at the above address.

Very truly yours,



Joseph Chyrywat
Supervisor of Tax Conferences

cc: Taxing Bureau's Representative

STATE OF NEW YORK
STATE TAX COMMISSION

In the Matter of the Petition :
of :
Coppola Ford, Inc. : DEFAULT ORDER
: 84-C-9
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 :
12/1/79-8/31/82. :

Petitioner(s) Coppola Ford, 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 12/1/79-8/31/82. File No. 42427.

A pre-hearing conference on the petition was scheduled before Frank Fleury, at the offices of the State Tax Commission, 99 Church Street, Second Floor, White Plains, New York 10601 on Thursday, February 9, 1984 at 3:00 p.m. Notice of said pre-hearing conference was given to 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 Coppola Ford, Inc. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
APRIL 6, 1984

P 440 976 840

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Anthony Coppola,</i>	
Street and No. <i>P.O. Box 1346</i>	
P.O., State and ZIP Code <i>Port Salerno, Fl 33492</i>	
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	\$
Postmark or Date	

PS Form 3800, Feb. 1982

P 440 976 839

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Cappola Ford, Inc.</i>	
Street and No. <i>P.O. Box 1346</i>	
P.O., State and ZIP Code <i>Port Salerno, Fl 33492</i>	
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	\$
Postmark or Date	

PS Form 3800, Feb. 1982