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

April 6, 1984

Livio Fernandez 1363 Fulton Street Brooklyn, NY

Dear Mr. Fernandez:

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 Chyrywarz

Supervisor of Tax Conferences

cc: Petitioner's Representative
S. Michael Weisberg
2 West 86th Street
New York, NY 10024
Taxing Bureau's Representative

In the Matter of the Petition

of

Livio Fernandez :

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 :

8/31/79 - 6/30/82.

Petitioner(s) Livio Fernandez 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 8/31/79 - 6/30/82. File No. 39023.

A pre-hearing conference on the petition was scheduled before Juan Zayas, at the offices of the State Tax Commission, 141 Livingston Street - 8th Fl., Brooklyn, New York 11201 on Tuesday, January 10, 1984 at 2:00 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 Livio Fernandez be and the same is hereby denied.

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

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL

	(See Reverse)	,	
	Street and No. P.O., State and ZIP Code		
	Postage Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee	1	
	Raturn Receipt Showing to wnom and Data Delivered		
785	Return Receipt Showing to whom, Date, and Address of Delivery		
reo. 13	TOTAL Postage and Fees	\$	
	Postmark or Date		
,			
- 1		1	

P 440 976 853

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL

	(See Reverse)	
4	Street and No. Street and No. 1303 Jultox St. P.O., State and ZIP Code Postage	ndez -
	Cartifled Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
82	Return Receipt Showing to whom, Date, and Address of Delivery	
b. 19	TOTAL Postage and Fees	\$
), Fe	Postmark or Date	
PS Form 3800, Feb. 1982		