



New York State Tax Commission  
**TAX APPEALS BUREAU**

State Campus  
Albany, New York 12227

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

May 18, 1984

Sam Itshaik  
1269 E. 73rd St.  
Brooklyn, NY 11234

Dear Mr. Itshaik:

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: Petitioner's Representative  
Martin Oliner  
Coudert Brothers  
200 Park Ave.  
New York, NY 10017  
Taxing Bureau's Representative

STATE OF NEW YORK  
STATE TAX COMMISSION

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In the Matter of the Petition	:	
of	:	
Sam Itshaik	:	<u>DEFAULT ORDER</u>
	:	84-C-13
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 9/1/76-8/31/78.	:	

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Petitioner(s) Sam Itshaik 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 9/1/76-8/31/78. File No. 36247.

A pre-hearing conference on the petition was scheduled before Robert Healey, at the offices of the State Tax Commission, 141 Livingston Street - 8th Fl., Brooklyn, New York 11201 on Tuesday, March 20, 1984 at 11:00 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 Sam Itshaik be and the same is hereby denied.

DEFAULT ORDER  
ADOPTED BY THE STATE TAX COMMISSION  
ALBANY, NEW YORK  
MAY 18, 1984

TA 26 (9-79)

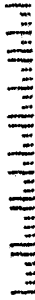
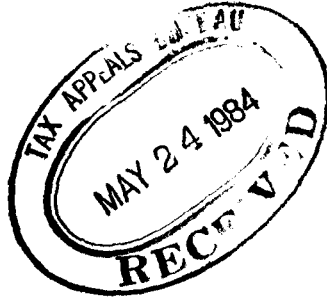
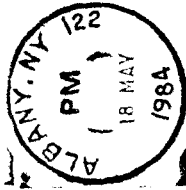
STATE OF NEW YORK  
State Tax Commission  
TAX APPEALS BUREAU  
STATE CAMPUS  
ALBANY, N.Y. 12227

Sam Itshaik  
1269 E. 73rd St.  
Brooklyn, NY 11234

**CERTIFIED**

**P 470 315 090**

**MAIL**



TA-36 (9/76)

State of New York - Department of Taxation and Finance  
Tax Appeals BureauREQUEST FOR BETTER ADDRESS

Requested by <i>Tax Appeals Bureau</i> <i>Room 107 - Bldg. #9</i> <i>State Campus</i> <i>Albany, New York 12227</i>	<i>Tax Appeals Bureau</i> <i>Room 107 - Bldg. #9</i> <i>State Campus</i> <i>Albany, New York 12227</i>	Date of Request <i>5/24/84</i>
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Please find most recent address of taxpayer described below; return to person named above.

Social Security Number	Date of Petition <i>84-C-13</i>
Name <i>Sam I. Shaik</i>	
Address <i>1269 E. 73rd St.</i> <i>Brooklyn, N.Y. 11234</i>	

## Results of search by Files

<input type="checkbox"/> New address:	<i>N/F RPF 3</i> <i>RPF 2 - need more info</i> <i>for 5/29/84</i>
<input type="checkbox"/> Same as above, no better address	
<input type="checkbox"/> Other:	

Searched by	Section	Date of Search

PERMANENT RECORDFOR INSERTION IN TAXPAYER'S FOLDER

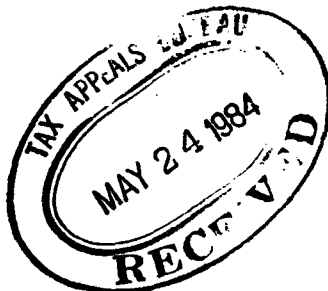
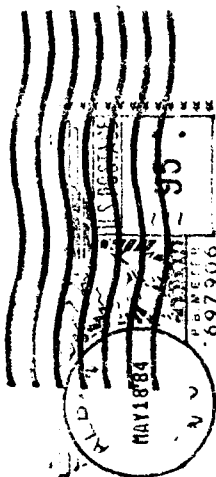
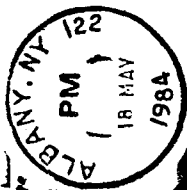
TA 26 (9-79)

STATE OF NEW YORK  
State Tax Commission  
TAX APPEALS BUREAU  
STATE CAMPUS  
ALBANY, N.Y. 12227

**CERTIFIED**

**P 470 315 090**

**MAIL**



Sam Itshaik  
1269 E. 73rd St.  
Brooklyn, NY 11234

DO NOT WRITE  
ON THIS ENVELOPE

DO NOT WRITE  
ON THIS ENVELOPE

**P 470 315 090**  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Sam Itshaik</i>	
Street and No. <i>1269 E. 73rd St.</i>	
P.O., State and ZIP Code <i>Brooklyn, NY 11234</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	
<b>TOTAL Postage and Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, Feb. 1982

**P 470 315 091**  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Martin Oliner</i>	
Street and No. <i>300 Park Ave.</i>	
P.O., State and ZIP Code <i>NY, NY 10017</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	
<b>TOTAL Postage and Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, Feb. 1982

P 440 977 083

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Bernard Goldberg	
Street and No.	
124-16 84th Rd.	
P.O., State and ZIP Code	
Kew Gardens, NY 11415	
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	
<b>TOTAL Postage and Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, Feb. 1982



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John J. Sollecito, Director  
(518) 467-1723

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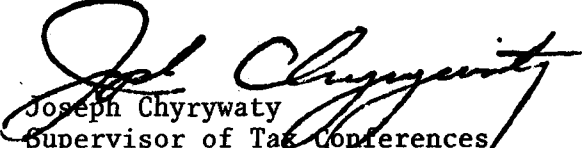
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