



New York State Tax Commission
TAX APPEALS BUREAU

State Campus
Albany, New York 12227

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

August 24, 1984

Michael A. McMartin
Officer of McMartin Motor Co., Inc.
357 Cornelia St.
Plattsburgh, NY 12901


Dear Mr. McMartin:

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 :
Michael A. McMartin : DEFAULT ORDER
Officer of McMartin Motor Co., Inc. : 84-C-22
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 12/1/80-11/30/81. :

Petitioner(s) Michael A. McMartin Officer of McMartin Motor Co., 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 12/1/80-11/30/81. File No. 48940.

A pre-hearing conference on the petition was scheduled before David Baker, at the offices of the State Tax Commission, Bldg. #9, State Office Campus, Rm. 107. Albany, New York 12227 on Monday, June 4, 1984 at 10:15 a.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 Michael A. McMartin Officer of McMartin Motor Co., Inc. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
AUGUST 24, 1984

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

| | | |
|-------------------------|---|------------------------------|
| PS Form 3800, Feb. 1982 | Send to | Michael A. McMartin |
| | Street and No. | Off. of McMartin Mtrco. Inc. |
| | P.O., State and ZIP Code | 357 Cornelia St. |
| | Postage | Wattsburg, NY 12901 |
| | * 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 | | |