



New York State Tax Commission
TAX APPEALS BUREAU

State Campus
Albany, New York 12227

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

January 11, 1984

Herbert Melnick
Officer of Douglas B. Ball & Assoc.
745 Filmore Ave.
East Meadow, NY 11554


Dear Mr. Melnick:

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
Steven E. Bachmann
142 Mineola Ave.
Roslyn, NY 11577
Taxing Bureau's Representative

Journal of Management Studies, 19(1), 67-80.

DEFAULT ORDER
 ADOPTED BY THE STATE TAX COMMISSION
 ALBANY, NEW YORK
 JANUARY 11, 1984

P 440 976 568

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

| | |
|---|----|
| Sent to | |
| Steven E Bachmann | |
| Street and No. | |
| 142 Minola Ave | |
| P.O., State and ZIP Code | |
| Rosllyn NY 11577 | |
| 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 440 976 567

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

| | |
|---|----|
| Sent to | |
| Herbert Melnick | |
| Street and No. | |
| 745 Filmore Ave | |
| P.O., State and ZIP Code | |
| E. Meadow NY 11554 | |
| 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