STATE OF NEW YORK STATE TAX COMMISSION ALBANY, NEW YORK 12227

PAUL B. COBURN SECRETARY Telephone: (518) 457-6162

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June 1, 1984

P & D Auto Repair, Inc. Rts. 59 & 17 Ramapo, NY 10931

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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.

Inquires concerning the computation of tax due or refund allowed in accordance with this decision may be addressed to the undersigned.

Very truly yours,

PAUL B. COBURN SECRETARY TO THE STATE TAX COMMISSION

cc: Petitioner's Representative
Sanford Katz
6 N. Lawn Ave.
Elmsford, NY 10523
Taxing Bureau's Representative

STATE OF NEW YORK STATE TAX COMMISSION

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In the Matter of the Petition	:	
of	:	
P & D Auto Repair, Inc.	:	DEFAULT ORDER
	:	84-P-19
for Redetermination of a Deficiency or Revision	of a:	
Determination or Refund of Sales & Use Tax	:	
under Article(s) 28 & 29 of the Tax Law	:	
for the Period 12/1/78-11/30/81.	:	

Petitioner(s) P & D Auto Repair, Inc., filed a petition for redetermination of a deficiency or revision of a determination or refund of Sales & Use Tax under Article(s) 28 & 29 of the Tax Law for the Period 12/1/78-11/30/81. File No. 37131

Under Section 601.5 of the State Tax Commission Rules of Practice and Procedure, a notice was served on the representative of the petitioner(s) to file a perfected petition. Notice to file the perfected petition was sent to the representative's last known address. Petitioner(s) failed to file a perfected petition. A default has been duly noted.

Now on motion of the Secretary to the State Tax Commission, it is

ORDERED that the petition of P & D Auto Repair, Inc. be and the same is hereby denied.

DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK JUNE 1, 1984

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED-NOT FOR INTERNATIONAL MAIL

	(See Reverse)		
	Sent to Street and No. P.O. State and JIP Code		
	What Ing	10skg	
	Postage	\$	
	Cartiflad Eae		
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Bacsipt Showing to whom and Data Deliverad		
Γ	Return Receipt Showing to whom,		
сl	Date, and Address of Delivery		
. Feb. 1982	TOTAL Postage and Fees	\$	
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rs Form 3800			
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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED-NOT FOR INTERNATIONAL MAIL

	(See Reverse)	
	Street and No.	air In
	P.S., State and ZIP Code A Maple 14	10931
	Postage	\$
	Cartified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
2	Return Receipt Showing to whom, Date, and Address of Delivery	
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	\$
, Feb	Postmark or Date	
3800		
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