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



New York State Tax Commission TAX APPEALS BUREAU

State Campus Albany, New York 12227

April 6, 1984

Sharone Fine Foods, Inc. 4916 13th Avenue Brooklyn, NY 11219

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.

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

Hoseph Chyrywaty CC Supervisor of Tax Conferences

cc: Taxing Bureau's Representative

STATE OF NEW YORK STATE TAX COMMISSION

In the Matter of the Petition	:	
of	:	
Sharone Fine Foods, Inc.	:	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	:	
11/30/79 - 8/30/82.	:	

Petitioner(s) Sharone Fine Foods, 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 11/30/79 - 8/30/82. File No. 44159.

A pre-hearing conference on the petition was scheduled before Ralph Liporace, at the offices of the State Tax Commission, 141 Livingston Street - 8th Fl., Brooklyn, New York 11201 on Monday, February 6, 1984 at 10:45 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 Sharone Fine Foods, Inc. 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

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×	P.O., State and ZIP Code	111219
	Postage	\$
	Cartifled Fee	
	Special Delivery Fae	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
Γ	Return Receipt Showing to whom,	
Ľ	Date, and Address of Delivery	
ŀ	TOTAL Postage and Fees	\$
Γ	Postmark or Date	
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