

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

March 1, 1985

Samira Basem & Ahed Ahmed Ahed 97 Belmont Ave. Brooklyn, NY 11212

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,

Joseph Chyrywaty Supervisor of Tax Conferences

cc: Petitioner's Representative Cynthia Wayne Yesnowitz, Yesnowitz & Handler 299 Broadway New York, NY 10007 Taxing Bureau's Representative

STATE OF NEW YORK

In the Matter of the Petition	:	
of	:	
Samira Basem & Ahed Ahmed Ahed	:	DEFAULT ORDER
	:	85-C-1
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 9/1/79-8/31/80.	:	

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Petitioner(s) Samira Basem & Ahed Ahmed Ahed 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 9/1/79-8/31/80. File No. 42147.

A pre-hearing conference on the petition was scheduled before Dennis A. Adelman, at the offices of the State Tax Commission, 141 Livingston Street -8th Fl., Brooklyn, New York 11201, on Wednesday, November 7, 1984 at 10:30 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 Samira Basem & Ahed Ahmed Ahed be and the same is hereby denied.

DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK MARCH 1, 1985

P 693 166 185

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

1. (C. 10.11)

P 693 166 187

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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	Restricted Delivery Fee	
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Feb. 1	TOTAL Postage and Fees-	\$
PS Form 3800, F	Postmark or Date	

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	(See Reverse)					
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