



New York State Tax Commission

TAX APPEALS BUREAU

W.A. Harrigan Campus
Albany, New York 12227

October 24, 1985

Edward Carmel
74 Lincoln Road
Brooklyn, NY 11225

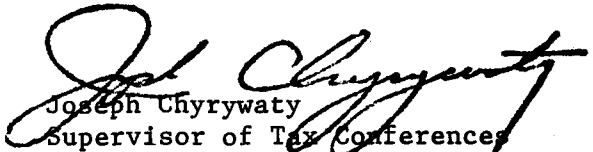
Dear Mr. Carmel:

Please take notice of the Default Order of the State Tax Commission enclosed herewith.

Please take further notice that pursuant to Section(s) 1139 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

[Handwritten signature]

STATE OF NEW YORK
STATE TAX COMMISSION

In the Matter of the Petition :
of :
Edward Carmel : DEFAULT ORDER
: 85-C-24
for Redetermination of a Deficiency or Revision of :
a Determination or Refund of Sales & Use Tax under :
Article 28 & 29 of the Tax Law. :

Petitioner(s) Edward Carmel 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 . File No. 57221.

A pre-hearing conference on the petition was scheduled before Lance J. Sonners, at the offices of the State Tax Commission, Two World Trade Center, Room 65-51, New York, New York 10047 on Wednesday, August 14, 1985 at 10:30 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 Edward Carmel be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
OCTOBER 24, 1985

P 153 385 582

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-448-014 PS Form 3800, Feb. 1982	Sent to	Edward Carmel	
	Street and No.	74 Lincoln Rd	
	P.O. State and ZIP Code	Bklyn. NY 11225	
	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			