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

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

May 29, 1985

Gerald Chusid
5 Spur Lane
Old Westbury, NY   11568

Dear Mr. Chusid:

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

Please take further notice that pursuant to Section(s) 1138 and/or 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.

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: Taxing Bureau's Representative

STATE OF NEW YORK
STATE TAX COMMISSION

In the Matter of the Petition   :

of   :

Gerald Chusid   :   <u>DEFAULT ORDER</u>

    :   85-P-12

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   :

5/31/80.   :

Petitioner(s) Gerald Chusid 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 5/31/80. File No. 43471.

Under Section 601.5 of the State Tax Commission Rules of Practice and Procedure, a notice was served on the petitioner(s) to file a perfected petition. Notice to file the perfected petition was sent to the last known address of the petitioner(s). 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 Gerald Chusid, be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
MAY 29, 1985

P 693 166 459

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to *Gerald Chusid*	
Street and No. *5 Spur Lane*	
P.O., State and ZIP Code *Old Westbury NY 11568*	
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	

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982