

TAX APPEALS BUREAU State Campus Albany, New York 12227

New York State Tax Commission

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

l,

June 18, 1985

Helen M. Crossett Officer of Ada Magee's, Inc. P.O. Box 510, Main Street Sylvan Beach, NY 13157

Dear Ms. Crossett:

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 Tex Conferences

cc: Taxing Bureau's Representative

STATE OF NEW YORK STATE TAX COMMISSION

In the Matter of the Petition	:	
of	:	
Helen M. Crossett	:	DEFAULT ORDER
Officer of Ada Magee's, Inc.	:	85-C-13
	:	
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	:	
Ending 12/1/81 - 8/31/83.	:	

Petitioner(s) Helen M. Crossett, Officer of Ada Magee's, 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 Ending 12/1/81 - 8/31/83. File No. 54734.

A pre-hearing conference on the petition was scheduled before Robert C. Farrelly, at the offices of the State Tax Commission, 207 Genesee Street, Utica, New York 13501 on Tuesday, April 23, 1985 at 3:30 p.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 Helen M. Crossett, Officer of Ada Magee's, Inc. be and the same is hereby denied.

> DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK JUNE 18, 1985

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse) U.S.G.P.O. 1984-446-014 9 ۲. State pir Certified Fee 3 * 15 Special Delivery Fee **Restricted Delivery Fee** Return Receipt Showing to whom and Date Delivered Return receipt showing to whom, Date, and Address of Delivery Feb. 1982 \$ TOTAL Postage and Fees Postmark or Date PS Form 3800,

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