October 24, 1985

Sinan Gulay 5 Alvin St. Glen Cove, NY 11542

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.

Joseph Chyrywaty

Supervisor of Tax Conferences

cc: Petitioner's Representative Melih Dogan 216 East 49 St. New York, NY 10017

Taxing Bureau's Representative

STATE OF NEW YORK

STATE TAX COMMISSION

In the Matter of the Petition

of

01

Sinan Gulay : 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 for the

Period 6/1/79-2/29/80.

Petitioner(s) Sinan Gulay 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 6/1/79-2/29/80. File No. 41111.

A pre-hearing conference on the petition was scheduled before Robert C.

Farrelly, at the offices of the State Tax Commission, 114 Old Country Road, 2nd

Fl., Mineola, New York 11501 on Wednesday, August 21, 1985 at 9:00 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 Sinan Gulay be and the same is hereby denied.

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

P 153 385 643

P 153 385 644

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

(See Neverse)			
+ U.S.G.P.O. 1984-446-814	Street and No. En J 195. P.O. Fate Province Code 1/10/1		
.S.G.	Postage	\$	
*	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Address of Delivery		
Feb.	TOTAL Postage and Fees	s	
PS Form 3800, Feb. 1982	Postmark or Date		

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

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1982	Return receipt showing to whom, Date, and Address of Delivery				
PS Form 3800, Feb. 1982	TOTAL Postage and Fees	\$			
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