

New York State Tax Commission

State Campus Albany, New York 12227

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

August 30, 1985

Jack Jacobs 66 Sagamore Hills Drive Pt. Jefferson Station, New York 11776

Dear Mr. Jacobs:

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

Please take further notice that pursuant to Section(s) 690 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.

truly your: Joseph Chyr

Supervisor of Tax Conferences

cc: Taxing Bureau's Representative

## STATE OF NEW YORK STATE TAX COMMISSION

In the Matter of the Petition	:	
of	:	
Jack Jacobs	:	DEFAULT ORDER
	:	85-C-19
for Redetermination of a Deficiency or Revision of	:	
a Determination or Refund of NYS & NYC Personal	:	
Income Tax under Article 22 & 30 of the Tax Law for	:	
the Year 1980.	:	

Petitioner(s) Jack Jacobs filed a petition for redetermination of a deficiency or revision of a determination or refund of NYS & NYC Personal Income Tax under Article 22 & 30 of the Tax Law for the Year 1980. File No. 54111.

A pre-hearing conference on the petition was scheduled before Regina Jaffe, at the offices of the State Tax Commission, State Office Bldg., Veterans Memorial Hwy., Rm. 1B7, Hauppauge, New York 11787 on Tuesday, June 4, 1985 at 2:00 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 Jack Jacobs be and the same is hereby denied.

DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK AUGUST 30, 1985

## 153 388 086 Ρ

ş

. . .

-- --

.

1

## **RECEIPT FOR CERTIFIED MAIL** NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) U.S.G.P.O. 1984-446-014 Sent to lucobs Street and Ng R MMD 114 0 11176 P 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 \$ TOTAL Postage and Fees Postmark or Date

**.**,

Feb.

PS Form 3800,