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

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

December 11, 1985

Albert Kaufman Ltd. 333 Seventh Ave. New York, NY 10001

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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 & 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: Petitioner's Representative Lawrence Friedman 85 West Hawthorne Ave. Valley Stream, NY 11580 Taxing Bureau's Representative

STATE OF NEW YORK STATE TAX COMMISSION

| In the Matter of the Petition | : | |
|--|---|---------------|
| of | : | |
| Albert Kaufman Ltd. | : | DEFAULT ORDER |
| | : | 85-P-31 |
| 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 9/1/74 - 8/31/82. | : | |

Petitioner(s) Albert Kaufman Ltd., 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 9/1/74 - 8/31/82. File No. 47925

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

> DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK DECEMBER 11, 1985

P 153 386 164 **RECEIPT FOR CERTIFIED MAIL** NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) U.S.G.P.O. 1984-446-014 Sent to 3000 and No Ptq State and NY 11580 \$ 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 \$ PS Form 3800, Postmark or Date ъ

1. 18 Mar

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RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED

| | NUL FOR INTERNATIONAL M | IAIL | |
|---------------------------|--|-------|--|
| | (See Reverse) | | |
| * U.S.G.P.O. 1984-446-014 | Ster and No. Jul Que | ankto | |
| G.P.O. 19 | P.O., State and ZIP Code | 0001 | |
| * U.S.(| 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 | \$ | |
| 3800, | Postmark or Date | | |
| PS Form 3800, Feb. 1982 | n. | | |
| PS | | | |

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