

New York State Tax Commission

State Campus Albany, New York 12227

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

August 30, 1985

Anthony Magadino 10 Westbridge Dr. Babylon, NY 11702

Dear Mr. Magadino:

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.

Vers aly yours, Leseph Chyrywaty

Supervisor of Tax Conferences

cc: Taxing Bureau's Representative

STATE OF NEW YORK STATE TAX COMMISSION

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In the Matter of the Petition	:	
of	:	
Anthony Magadino	:	DEFAULT ORDER
	:	85-C-19
for Redetermination of a Deficiency or Revision of	:	
a Determination or Refund of Personal Income Tax	:	
under Article 22 of the Tax Law for the Period	:	
12/1/81-3/31/83.	:	

Petitioner(s) Anthony Magadino filed a petition for redetermination of a deficiency or revision of a determination or refund of Personal Income Tax under Article 22 of the Tax Law for the Period 12/1/81-3/31/83. File No. 56784.

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 Wednesday, June 5, 1985 at 1:30 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 Anthony Magadino be and the same is hereby denied.

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

P 153 388 104

RECEIPT FOR CERTIFIED MAIL

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NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1984-446-014	S' Anthony Magadino S' 10 Westbridge Dr Babylon, NY 117(P	
* U.S.	Certified Fee	
	Special Delivery Fee	<u> </u>
	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		
PS		