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

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

March 8, 1985

Patricia McKay T NY, Inc. 52 President St. Staten Island, NY 10314

Dear Ms. McKay:

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

Please take further notice that pursuant to Section(s) 1138 or 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: Taxing Bureau's Representative

In the Matter of the Petition

of

Patricia McKay : DEFAULT ORDER

T NY, Inc.

85-P-6

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

8/31/79 - 2/28/81.

Petitioner(s) Patricia McKay T NY, Inc. 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 8/31/79 - 2/28/81. File No. 41854.

Under Section 601.5 of the State Tax Commission Rules of Practice and Procedure, a notice was served on the petitioner(s) to file a perfected petition. Notice to file the perfected petition was sent to the last known address of the petitioner(s). 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 Patricia McKay, T NY, Inc. be and the same is
hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
MARCH 8, 1985

## P 693 166 248

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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83-403	Street and No. InC.		-
* U.S.G.P.O. 1983-403-517	P.O. State and ZIP Code	`	
S.G.F	Postage Sten Island	NY 103	14
- <b>*</b>	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	\$	
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PS Form 3800, Feb.			
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