

December 11, 1985

Est. of Abraham Miller: Angela Miller, Executrix as Officer of Milshap Drug Sales Corp. 69 Fifth Avenue New York, NY 10016

Dear Ms. Miller:

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.

Very truly yours,

eph Chyrywaty/ Supervisor of Tax Conferences

cc: Petitioner's Representative David Kaufman Kaufman, Nachbar & Company 100 Merrick Rd. Rockville Centre, NY 11570 Taxing Bureau's Representative

STATE OF NEW YORK STATE TAX COMMISSION

In the Matter of the Petition	:	
of	:	
Est. of Abraham Miller	:	
Angela Miller, Executrix as Officer	:	DEFAULT ORDER
of Milshap Drug Sales Corp.	:	85-C-29
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 3/1/80 - 2/28/83.	:	

Petitioner(s) Est. of Abraham Miller: Angela Miller, Executrix as Officer of Milshap Drug Sales Corp. 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 3/1/80 - 2/28/83. File No. 47113.

A pre-hearing conference on the petition was scheduled before Robert A. Healey, at the offices of the State Tax Commission, Two World Trade Center, Room 65-51, New York, New York 10047 on Friday, September 20, 1985 at 2:15 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 Est. of Abraham Miller: Angela Miller, Executrix as Officer of Milshap Drug Sales Corp. be and the same is hereby denied.

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

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RECEIPT FOR CERTIFIED MAIL

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RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) No and ZIA U.S.G.P.O. 4 Special Delivery Fee **Restricted Delivery Fee** Return Receipt Showing to whom and Date Delivered Return receipt showing to whom, Date, and Address of Delivery 1982 PS Form 3800, Feb. \$ TOTAL Postage and Fees Postmark or Date .

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL			
	(See Reverse)		_
* U.S.G.P.O. 1984-448-014	Section Street and No. P.O. State and ZIP Code P.O. State and ZIP Code P.O. State and ZIP Code Postage Cortified Fee Certified Fee Special Delivery Fee	nin ubanel 29 29 2 NY	10
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1982	Return receipt showing to whom, Date, and Address of Delivery		
Đ.	TOTAL Postage and Fees	\$	
PS Form 3800, Feb. 1982	Postmark or Date		

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