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

June 18, 1985

Thomas Moore d/b/a Jims Victory Station 235 Forest Ave. Staten Island, NY 10301

Dear Mr. Moore:

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.

Jøseph Chyrywaty

Supervisor of Tax Conferences

cc: Petitioner's Representative David Z. Zaumeyer 34 Grand Ave. Staten Island, NY

Taxing Bureau's Representative

STATE TAX COMMISSION

In the Matter of the Petition

of

OI

Thomas Moore : DEFAULT ORDER

d/b/a Jims Victory Station : 85-C-13

:

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 9/1/80 - 8/31/82.

Petitioner(s) Thomas Moore d/b/a Jims Victory Station 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 9/1/80 - 8/31/82. File No. 49636.

A pre-hearing conference on the petition was scheduled before Lee Carrus, at the offices of the State Tax Commission, Two World Trade Center, Room 65-51, New York, New York 10047 on Monday, April 22, 1985 at 9:00 a.m. Notice of said pre-hearing conference was given to petitioner(s) and the representative of 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 Thomas Moore d/b/a Jims Victory Station be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
JUNE 18, 1985

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1984-446.014	Street and No. State and No. State and No. State and No. State and No. Special Delivery Fee Restricted Delivery Fee Return Receipt Showing	ctory D ve.	Ka
1982	to whom and Date Delivered Return receipt showing to whom, Date, and Address of Delivery		
Feb.	TOTAL Postage and Fees	\$	
PS Form 3800,	Postmark or Date		

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1984-446-014	Strong and No. Mand ave P.D./State and ZIP BOD Little holand NY		
S.G.P	Postage	\$	
*	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee	†	
	Return Receipt Showing to whom and Date Delivered		
1987	Return receipt showing to whom, Date, and Address of Delivery		
7 6 6	TOTAL Postage and Fees	\$	
PS Form 3800, Feb. 1982	Postmark or Date		