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

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

March 8, 1985

Aldo Muia d/b/a Aldo's Power Test Route 6 Mahopac, NY

Dear Mr. Muia:

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: Petitioner's Representative
Howard Muchnick
555 Madison Ave.
New York, NY 10022
Taxing Bureau's Representative

In the Matter of the Petition

of

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Aldo Muia : DEFAULT ORDER

d/b/a Aldo's Power Test : 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 6/1/79-8/31/82.

Petitioner(s) Aldo Muia, d/b/a Aldo's Power Test 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 6/1/79-8/31/82. File No. 49292

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 Aldo Muia, d/b/a Aldo's Power Test be and
the same is hereby denied.

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

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to HOWARD MI	whilek	
Street and No. Madi SON AUC.		
P.O. State and ZIP Code		
Postage '	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to whom and Date Delivered		
Return receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	
Postmark or Date		
	Street and No. P.O. State and ZIP Code Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom and Date Delivered Return receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees	

P 693 166 244

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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