

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

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

July 22, 1985

SMH Deli  
One New York Plaza  
New York, NY

Gentlemen:

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

Please take further notice that pursuant to Section(s) 1138 and/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  
Joseph Goldwasser  
Goldwasser & Schwartz  
855 6th Ave.  
New York, NY 10001  
Taxing Bureau's Representative

STATE OF NEW YORK  
STATE TAX COMMISSION

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In the Matter of the Petition :  
of :  
SMH Deli : DEFAULT ORDER  
: 85-P-18  
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 6/1/78-3/19/81. :

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Petitioner(s) SMH Deli, 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 6/1/78-3/19/81. File No. 35995

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 SMH Deli, be and the same is hereby denied.

DEFAULT ORDER  
ADOPTED BY THE STATE TAX COMMISSION  
ALBANY, NEW YORK  
JULY 22, 1985

P 095 691 095

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

|   |                      |  |
|---|----------------------|--|
| Sent to   | Joseph Goldwasser    |  |
| Street and No.  | Goldwasser, Schwartz |  |
| P.O., State, and ZIP Code                                     | 855 6th Avenue       |  |
| Postage   | NY, NY 10001         |  |
| 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  |                      |  |

P 095 691 094

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

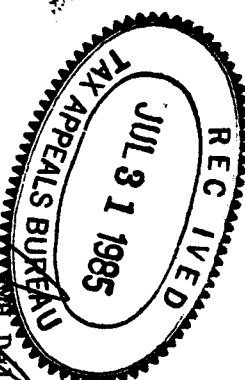
★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

|   |                    |    |
|---|--------------------|----|
| Sent to   | SMH Deli           |    |
| Street and No.  | P.O. Box 434       |    |
| P.O., State and ZIP Code                                      | One New York Plaza |    |
| Postage   | NY, NY             | \$ |
| 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  |                    |    |

TA 26 (9-79)

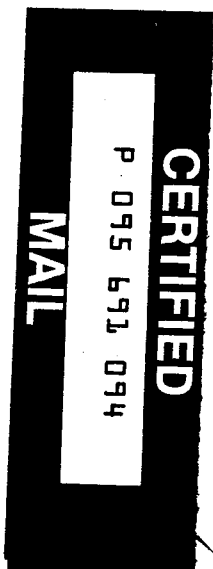
STATE OF NEW YORK  
State Tax Commission  
TAX APPEALS BUREAU  
STATE CAMPUS  
ALBANY, N. Y. 12227



REASON CHECKED  
Unclaimed ☐ Refused ☐  
Addressee unknown ☐  
Insufficient address ☐  
No such street ☐  
No such office in state ☐  
Do not remove this envelope



*Robert J. Tax Appeals*

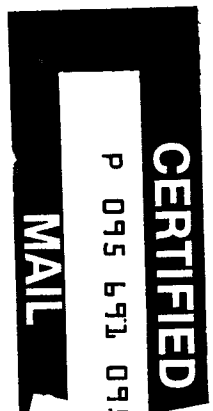
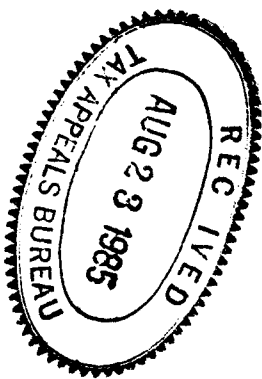


TA 26 (9-79)  
STATE OF NEW YORK  
State Tax Commission  
TAX APPEALS BUREAU  
STATE CAMPUS  
ALBANY, N. Y. 12227

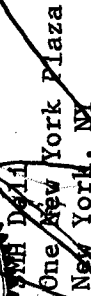
CLAIM CHECK  
NO. 487401

DATE 7/25  
1ST NOTICE 7/26  
2ND NOTICE  
RETURN  
ACTION  
Indemnity  
1003849-A  
80

Joseph Goldwasser  
Idwasser Schwartz  
564 Ave.  
New York, NY 10001



**STATE OF NEW YORK**  
**State Tax Commission**  
**TAX APPEALS BUREAU**  
**STATE CAMPUS**  
**ALBANY, N. Y. 12227**



P. 095 691 094

MAIL

Revised 18's  
7/24/18

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STATE TAX COMMISSION  
ALBANY, NEW YORK 12227

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TA 26 (9-79)

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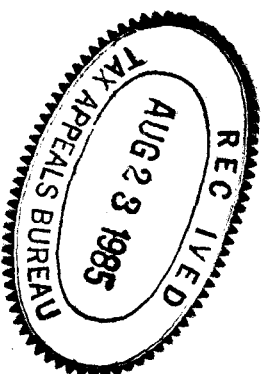
**CERTIFIED**

P 095 691 091

**MAIL**

487401

Joseph Goldwasser  
Goldwasser & Schwartz  
156th Ave.  
New York, NY 10001





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STATE TAX COMMISSION  
ALBANY, NEW YORK 12227

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