



New York State Tax Commission

**TAX APPEALS BUREAU**

W.A. Harriman Campus  
Albany, New York 12227

October 24, 1985

Nat Schneider  
1901 Avenue N  
Brooklyn, NY 11230


Dear Mr. Schneider:

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

Please take further notice that pursuant to Section(s) 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.

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,

  
Joseph Chyrywaty  
Supervisor of Tax Conferences

cc: Taxing Bureau's Representative

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STATE OF NEW YORK  
STATE TAX COMMISSION

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In the Matter of the Petition :  
of :  
Nat Schneider : DEFAULT ORDER  
: 85-C-24  
for Redetermination of a Deficiency or Revision of :  
a Determination or Refund of Sales & Use Tax under :  
Article 28 & 29 of the Tax Law. :

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Petitioner(s) Nat Schneider 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. File No. 57094.

A pre-hearing conference on the petition was scheduled before Lance J. Sonners, at the offices of the State Tax Commission, 141 Livingston Street, 8th Floor, Brooklyn, New York 11201 on Monday, August 5, 1985 at 2:45 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 Nat Schneider be and the same is hereby denied.

DEFAULT ORDER  
ADOPTED BY THE STATE TAX COMMISSION  
ALBANY, NEW YORK  
OCTOBER 24, 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

PS Form 3800, Feb. 1982

Sent to	
Nat Schneider	
Street and No	
1901 Avenue N	
P.O. State and ZIP Code	
DALLAS, TX 75201	
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	