



New York State Tax Commission  
**TAX APPEALS BUREAU**

State Campus  
Albany, New York 12227

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

July 22, 1985

Herman Schnid  
Star Route, Box 59  
Middlefield, NY 13450

Dear Mr. Schnid:

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 Chyrywat  
Supervisor of Tax Conferences

cc: Taxing Bureau's Representative

STATE OF NEW YORK  
STATE TAX COMMISSION

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In the Matter of the Petition :  
of :  
Herman Schnid : DEFAULT ORDER  
: 85-C-16  
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) Herman Schnid 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. 57194.

A pre-hearing conference on the petition was scheduled before Thomas E. Drake, at the offices of the State Tax Commission, 333 East Washington Street, Syracuse, New York 13202 on Friday, May 17, 1985 at 9:00 a.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 Herman Schnid be and the same is hereby denied.

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

P 095 691 042

**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 <i>Herman Schmid Schmid</i>	
Street and No. <i>Star Route, Box 59</i>	
P.O., State and ZIP Code <i>Middlefield, NY 13450</i>	
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	



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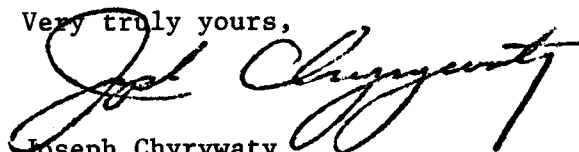
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