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

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

June 11, 1986

Thomas Beirne
Officer of Beirne's Sunrise Servicenter, Inc.
5 Wisteria Ave.
Mineola, NY 11501

Re: File No. 48572/54352/54474/54906

Dear Mr. Beirne:

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

Please take further notice that pursuant to Section(s) 1138/1139 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: Taxing Bureau's Representative

Petitioner's Representative: Eugene T. White 257 Middle Country Road Smithtown, NY 11787 In the Matter of the Petition

οf

Thomas Beirne

DEFAULT ORDER

Officer of Beirne's Sunrise Servicenter, Inc.

86-P-13

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 3/1/79 - 8/31/82.

Petitioner(s) Thomas Beirne, Officer of Beirne's Sunrise Servicenter, Inc. 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 3/1/79 - 8/31/82. File No. 48572/54352/54474/54906

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 Thomas Beirne, Officer of Beirne's Sunrise

Servicenter, Inc. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
JUNE 11, 1986

319 373 349 319 373 350 RECEIPT FOR CERTIFIED MAIL RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) ★ U.S.G.P.O. 1985-480-794 Certified Fee Certified Fee Special Delivery Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt showing to whom and Date Delivered Return Receipt showing to whom and Date Delivered Return Receipt showing to whom. Date, and Address of Delivery Return Receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees TOTAL Postage and Fees 3800, 3800, Postmark or Date Postmark or Date Form Form (S Fold at line over top of envelope to the right of the return address. Fold at line over top of envelope to the right of the return address