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

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

June 11, 1986

Beirnes Sunrise Servicenter, Inc. 101 Sunrise Hwy. Lindenhurst, NY 11757

Re: File No. 48518/50332/53881/54473/54501

## Gentlemen:

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

Please take further notice that pursuant to Section(s) 1138/1139 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

of

Beirnes Sunrise Servicenter, Inc. : DEFAULT ORDER

: 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) Beirnes 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. 48518/50332/53881/54473/54501

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

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

## RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) 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** PS Form 3800, Postmark or Date

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverte)

(See Heverse)		
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	Return Receipt showing to whom. Date, and Address of Delivery	
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3800	Postmark or Date	
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