

September 17, 1986

Joseph J. Cella Officer of Amagansett Cuisine Inc. Two-Fifth Avenue New York, NY 10011

Re: File No. 63093

Dear Mr. Cella:

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

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

STATE OF NEW YORK

STATE TAX COMMISSION

In the Matter of the Petition	:	
of	:	
Joseph J. Cella	:	DEFAULT ORDER
Officer of Amagansett Cuisine Inc.	:	86-C-20
for Redetermination of a Deficiency or Revision of	:	
a Determination or Refund of	:	
Sales and Use Tax under Article 28 & 29	:	
of the Tax Law for the Period $06/01/82 - 11/30/82$.	:	

Petitioner(s) Joseph J. Cella, Officer of Amagansett Cuisine Inc. filed a petition for redetermination of a deficiency or revision of a determination or refund of Sales and Use Tax under Article 28 & 29 of the Tax Law for the Period 06/01/82 - 11/30/82. File No. 63093.

A pre-hearing conference on the petition was scheduled before James Domanico, at the offices of the State Tax Commission, Two World Trade Center, Room 65-51 New York, New York 10047 on Tuesday, July 22, 1986 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 Joseph J. Cella, Officer of Amagansett Cuisine Inc. be and the same is hereby denied.

> DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK SEPTEMBER 17, 1986

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RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) * U.S.G.P.O. 1985-480-794 Sent to Sec . an S 16011 CertifiedFee Special Delivery Fee **Restricted Delivery Fee** Return Receipt showing to whom and Date Delivered 4 PS Form 3800, June 1985 Return Receipt showing to whom. Date, and Address of Delivery s TOTAL Postage and Fees Postmark or Date

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