

March 7, 1986

Floiran A. Diaz 602 Livonia Ave. Brooklyn, NY 11207

Re: File No. 56875

Dear Mr. Diaz:

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

Petitioner's Representative: Ernest Codelia 1967 Turnbull Ave. Bronx, NY 10473

#### STATE TAX COMMISSION

In the Matter of the Petition

of

**t** 

Floiran A. Diaz : DEFAULT ORDER

86-C-5

for Redetermination of a Deficiency or Revision

of a Determination or Refund of :

Sales & Use Tax under Article 28 & 29 :

of the Tax Law for the Period 6/1/81-2/28/84.

Petitioner(s) Floiran A. Diaz 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 for the Period 6/1/81-2/28/84. File No. 56875.

A pre-hearing conference on the petition was scheduled before Lee Carrus, at the offices of the State Tax Commission, 141 Livingston Street - 8th Fl. Brooklyn, New York 11201 on Friday, January 10, 1986 at 10:30 a.m. Notice of said pre-hearing conference was given to petitioner(s) and the representative of 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 Floiran A. Diaz be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
MARCH 7, 1986

#### 313 415 684

## RECEIPT FOR CERTIFIED MAIL

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NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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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		
	Street and Ry.  PO., State and ZI Code 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	

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3800,	Postmark or Date		
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W. A. Harriman Campus State Tax Commission TAX APPEALS BUREAU STATE OF NEW YORK ALBANY, N.Y.

TA-26 (7/85)

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STATE OF NEW YORK
State Tax Commission
TAX APPEALS BUREAU

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W. A. Harriman Campus ALBANY, N.Y. 12227

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Brooklyp, NY 11 E9

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## TA-36 (9/76) State of New York - Department of Taxation and Finance Tax Appeals Bureau

### REQUEST FOR BETTER ADDRESS

Tax	Appeals Bureau				
Requested by State	Campus  Y, New York 12227	Takhappeals Bureau Room 107 - Bldg. #9 State Campus Albany, New York 12227	Date of Request		
Please find most recent address of taxpayer described below; return to person named above.					
Social Security N	umber	Date of Petition  86-C-5			
Name  Address	n a Ding		,		
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Results of search by Files					
New address:					
Same as above, no better address					
Other:	rhelained				
Searched by		Section	Date of Search		

PERMANENT RECORD

FOR INSERTION IN TAXPAYER'S FOLDER



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> DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK MARCH 7, 1986