

December 15, 1986

Harry Goodman Off. of Dine-O-Mate, Inc. 24 Ardsley Place Rockville Center, NY 11570

Re: File No. 66085

Dear Mr. Goodman:

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 TAX COMMISSION

In the Matter of the Petition

of

Harry Goodman

DEFAULT ORDER

Off. of Dine-O-Mate. Inc.

86-C-29

:

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 6/1/84 - 5/31/85.

Petitioner(s) Harry Goodman, Off. of Dine-O-Mate, Inc. 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 6/1/84 - 5/31/85. File No. 66085.

A pre-hearing conference on the petition was scheduled before William J. Proefrock, at the offices of the State Tax Commission, 175 Fulton Avenue - 4th Floor Hempstead, New York 11550 on Thursday, October 23, 1986 at 2:00 p.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 Harry Goodman, Off. of Dine-O-Mate, Inc. be and the same is hereby denied.

> DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK **DECEMBER 15, 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 Restricted Delivery Fee Return Receipt showing to whom and Date Delivered PS Form 3800, June 1985 Return Receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees Postmark or Date

Fold at line over top of envelope to the right of the return address