May 8, 1986

Greenmint, Inc. 567 Kings Hwy. Brooklyn, NY 11223

Re: File No. 60350

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 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:

H & H Accounting 74-09 37th Ave. Jackson Heights, NY 11372 In the Matter of the Petition

of

:

Greenmint, Inc.

DEFAULT ORDER

86-C-9

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 3/1/82-5/31/84.

Petitioner(s) Greenmint, 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 3/1/82-5/31/84. File No. 60350.

A pre-hearing conference on the petition was scheduled before Joseph Belfiore, at the offices of the State Tax Commission, 141 Livingston Street - 8th Fl. Brooklyn, New York 11201 on Monday, March 10, 1986 at 2:45 p.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 Greenmint, Inc. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
MAY 8, 1986

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Street and No. 7th line. 14-69 37th line. 10. State and 11P Code Tillon Heights Ly 1372	
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	1,
TOTAL Postage and Fees	S
Postmark or Date	

P 319 372 317

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Street and Not.
Street and Not.
Street and Not.
Street and ZIP Ode
Postage

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Certified Fee

Special Delivery Fee

Return Receipt showing to whom and Date Delivery
TOTAL Postage and Fees

Postmark or Date

Return Receipt Showing to whom.
Date. and Address of Delivery

TOTAL Postage and Fees

S

Postmark or Date