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

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

April 7, 1986

Icarus Restaurant Corp. 152 Columbia Ave. New York, NY 10023

Re: File No. 47081

### 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: George Dounias 30-07 Broadway Astoria, NY 11106 In the Matter of the Petition

of

:

Icarus Restaurant Corp.

DEFAULT ORDER

86-P-8

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 Years 1979 - 1983.

Petitioner(s) Icarus Restaurant Corp. 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 Years 1979 - 1983. File No. 47081

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 Icarus Restaurant Corp. be and the same is
hereby denied.

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

# P 319 372 639

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL (See Reverse)

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 PS Form 3800, Postmark or Date

### 319 372 638

### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)		
* U.S.G.P.O. 1985-480-794	Carus Rest.	Corp
985-4	Street and No. Columbia ave	
P.O. 1	P.O. Silpte and ZIP Gode 10023	
U.S.G.	Postage	S
*	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1985	Return Receipt showing to whom and Date Delivered	
	Return Receipt showing to whom, Date, and Address of Delivery	
June	TOTAL Postage and Fees	S
3800,	Postmark or Date	
'S Form 3800, June 1985	, <i>j</i> -	