

January 29, 1986

Giuldo LePage 271 Mansion Street W. Coxsackie, NY 12051

Dear Mr. LePage:

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 Chyr Supervisor of Tax Conferences

cc: Petitioner's Representative Fred A. Sherry PO BOX 9113 Albany, NY 12209 Taxing Bureau's Representative

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STATE OF NEW YORK STATE TAX COMMISSION

In the Matter of the Petition	:	
of	:	
Giuldo LePage	:	DEFAULT ORDER
	:	86-C-1
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 $12/01/78 - 11/30/84$.	:	•

Petitioner(s) Giuldo LePage 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 12/01/78 - 11/30/84. File No. 61500.

A pre-hearing conference on the petition was scheduled before E. A. Williams, at the offices of the State Tax Commission, Bldg. #9, State Office Campus, Rm. 107 Albany, New York 12227 on Tuesday, November 12, 1985 at 1:00 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 Giuldo LePage be and the same is hereby denied.

> DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK JANUARY 29, 1986

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RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) Se 1984-446-01 Stree State and ZIP Code P U.S.G.P.O. 12209 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 1982 Feb. TOTAL Postage and Fees \$ PS Form 3800, Postmark or Date

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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