

JOHN J. SOLLECITO DIRECTOR Telephone: (518) 457-1723

STATE TAX COMMISSION JAMES H. TULLY, JR., PRESIDENT FRANCIS R. KOENIG MARK FRIEDLANDER

September 4, 1981

Max Glazer (Deceased) c/o Janet Glazer 1918 Lowell La. Merrick, NY 11566

Dear Mrs. Glazer:

Please take notice of the Default Order of the State Tax Commission enclosed herewith.

Please take further notice that pursuant to Section(s) 722 & 690 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 Deputy Commissioner and Counsel to the New York State Department of Taxation and Finance, Albany, New York 12227. Said inquiries will be referred to the proper authority for reply.

Very truly yours,

Kathy Pfaffenback

cc: Petitioner's Representative

Taxing Bureau's Representative

STATE OF NEW YORK STATE TAX COMMISSION

In the Matter of the Petition	:	
of	:	
Max Glazer (Deceased)	:	DEFAULT ORDER
	:	81-F-31
for Redetermination of Deficiency or for Refund of	:	
Unincorporated Business Tax under Article 23	:	
of the Tax Law for the Years 1965 - 1969.	:	

Petitioner(s) Max Glazer (Deceased), filed a petition for redetermination of deficiency or for refund of Unincorporated Business Tax under Article 23 of the Tax Law for the Years 1965 - 1969. File No. 14340.

A formal hearing on the petition was scheduled before James T. Prendergast, at the offices of the State Tax Commission, Two World Trade Center, Room 65-51, New York, New York 10047 on Thursday, June 28, 1981 at 2:45 p.m. Notice of said formal hearing was given to petitioner(s). Petitioner(s) did not appear at the formal hearing. A default has been duly noted.

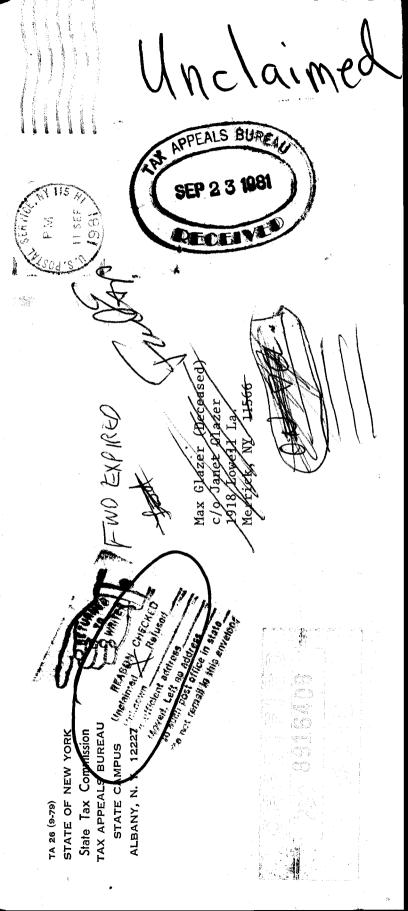
Now on motion of the attorney for the Department of Taxation and Finance, it is

ORDERED that the petition of Max Glazer (Deceased), be and the same is hereby denied.

DEFAULT ORDER ADOPTED BY THE STATE TAX COMMISSION ALBANY, NEW YORK September 4, 1981

I,

Complete items 1, 2, and 3. SENDER: 3 Add your address in the "RETURN TO" space on reverse. Form 1. The following service is requested (check one.) 38 Show to whom and date delivered..... -Show to whom, date and address of delivery... Jan. C RESTRICTED DELIVERY 6461 Show to whom and date delivered... □ RESTRICTED DELIVERY. Show to whom, date, and address of delivery.S. (CONSULT POSTMASTER FOR FEES) 2. ARTICLE ADDRESSED TO: HAGAN ROBONT RETURN RECEIPT, HEGISTERED, INSURED AND CERTIFIED 645 11566 mnick ARTICLE DESCRIPTION: 3. INSURED NO. CERTIFIED NO. REGISTERED NO. で or agent) (Always obtain signature of addressee I have received the article described above. Authorized agent SIGNATURE Addressee POSTMARK DATE OF DELIVERY ADDRESS (Complete only if requested) 5. CLERK'S UNABLE TO DELIVER BECAUSE: 6. INITIALS MAIL ☆GPO: 1979-300-459





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