UNITED STATES TAX COURT

www.ustaxcourt.gov

(FIRST) (MIDDLE) (LAST)

_____

(PLEASE TYPE OR PRINT) Petitioner(s)

v.

COMMISSIONER OF INTERNAL REVENUE
Respondent

} Docket No.

PETITION

1. Petitioner(s) hereby file(s) a (PLACE AN "**X**" IN THE APPROPRIATE BOX):

☐ Petition for Redetermination of a Deficiency

☐ Petition for Determination of Relief from Joint and Several Liability on a Joint Return

☐ Petition for Lien or Levy Action (Collection Action)

☐ Petition for Redetermination of Employment Status (Worker Classification)

2. Petitioner(s) disagree(s) with the determination contained in the notice issued by the Internal Revenue Service for the year(s) or period(s) _____, as set forth in such notice dated _____, A COPY OF WHICH IS ATTACHED. DO NOT ATTACH ANY OTHER DOCUMENTS TO THIS PETITION.

3. Petitioner(s)' taxpayer identification (e.g., Social Security) number(s) is (are)

_____

4. Set forth the relief requested and the reasons why you believe you are entitled to such relief.

_____

_____

_____

_____

_____

_____

_____

_____

Petitioner(s) request(s) that this case be conducted under the "small tax case" procedures. The amount in dispute or any overpayment claimed is $50,000 or less. A decision in a "small tax case" is final and cannot be appealed to a Court of Appeals by the Internal Revenue Service or the Petitioner(s). If you do **NOT** want this case conducted as a "small tax case", place an "**X**" in the following box. ☐

_____ _____

SIGNATURE OF PETITIONER DATE (PRINT) MAILING ADDRESS

_____(_____)_____

CITY STATE ZIP CODE AREA CODE TELEPHONE NO.

_____ _____

SIGNATURE OF PETITIONER (e.g.,SPOUSE) DATE (PRINT) MAILING ADDRESS
(IF NAMED IN THE FINAL NOTICE)

_____(_____)_____

CITY STATE ZIP CODE AREA CODE TELEPHONE NO.

_____

SIGNATURE, NAME, ADDRESS, TELEPHONE NO., AND TAX COURT BAR NUMBER OF COUNSEL, IF RETAINED BY PETITIONER(S)