## UNITED STATES TAX COURT

(FIRST)	(MIDDLE)	(LAST)		1			
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(PLEASE TYPE OR PRINT)		Petit	ioner(s)	<b>}</b>			
COMMISSIONER OF IN	V. NTERNAL REVEN Respon			Docket	No.		
			PETITION				
1. Petitioner(s) disa	gree(s) with the tax de	ficiency(ies) fo	or the year(s)				
as set forth in the NOTICE OF DEFICIENCY dated							COPY OF WHICH IS
ATTACHED. The notice was	issued by the Office o	f the Internal I	Revenue Service	at			
			(CITY AND STA	TE)			
2. Petitioner(s) taxp	eayer identification (e.g	. social securi	ty) number(s) is (	are)			
0.5 ( ) !!	. ( ) ( ) ( ) ( )						
3. Petitioner(s) disp	oute(s) the following:			T (D			
Year	Amount of D Disput		Ad	dition to Tax (Peni if any, Disputed	alty		ount of Over- nent Claimed
4. Set forth those a	djustments, i.e. chang	es, in the NOT	TICE OF DEFICIE	ENCY with which y	ou disagree	and why you dis	agree.
							_
Petitioner(s) reques	st(s) that this case he o	conducted und	ler the "small tax	case" procedures	to provide the	e taxnaver(s) wi	th an informal, prompt
and inexpensive hearing. A de Petitioner(s). If you do not wa	ecision in a "small tax	case" is final a	and cannot be app	pealed to a Court	of Appeals by	the Internal Re	venue Service or the
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SIGNATURE OF P	ETITIONER	DATE	(PRINT) MA	AILING ADDRESS			
			CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE NO.
SIGNATURE OF PETITION	ONER (SPOUSE)	DATE	(PRINT) MAI	LING ADDRESS			
(IF NAMED IN A NOTICE		DATE	(1 1(1141) 141/11	LING ADDITEGO		(	
			CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE NO.
SIGNATURE OF (	COLINGEL		(DDINIT) NA	AILING ADDRESS			
(IF RETAINED BY P			(FRINI) MA	ALLING ADDRESS			
TAX COURT BAR NUMB	ER OF COUNSEL		CITY	STATE	ZIP CODE	( )	TELEPHONE NO.