

Fill-In Form Instructions:

Tax Court forms can be filled in and printed directly from Acrobat Reader 3.0 (or later). However, the information entered on a form cannot be saved to a disk unless you are using the full Adobe Acrobat software suite.

Clicking on a form link will launch the Acrobat Reader plug-in and display the form within your browser window (please note the Acrobat toolbar that appears across the top of the form within the browser). You may also wish to download the form directly to your hard drive to fill in later. To do so, right-click on the form link and select "Save Target As..." (Internet Explorer) or "Save Link As..." (Netscape Navigator) to save the form file to a disk.

Filling In the Form:

- Move the mouse pointer over a blank field (e.g. Petitioner(s) name(s)) on the form. The mouse pointer will turn into a vertical I-beam, indicating that the field is editable.
- Click the left mouse button once within the field and begin typing.
- Press the tab key to move forward through the form. Press shift+tab to move backwards.
- When you have completed the form, click once on a blank area of the form to deselect the last active field. If a field is left active, the information it contains will not print.
- Click the print icon on the **Acrobat Reader toolbar** to print the form.

UNITED STATES TAX COURT

WASHINGTON, DC 20217

_____ }
Petitioner (your name) }
v. } Docket No. _____
COMMISSIONER OF INTERNAL REVENUE, }
Respondent }

APPLICATION FOR WAIVER OF FILING FEE

1. Do you receive any money from any of the following sources?

If "Yes", amount
received per month:

- | | | | |
|--|------------------------------|-------|-----------------------------|
| a. Salary or wages | <input type="checkbox"/> YES | _____ | <input type="checkbox"/> NO |
| b. Business, profession, or other self-employment | <input type="checkbox"/> YES | _____ | <input type="checkbox"/> NO |
| c. Rent payments, interest, or dividends | <input type="checkbox"/> YES | _____ | <input type="checkbox"/> NO |
| d. Pensions, annuities, or life insurance payments | <input type="checkbox"/> YES | _____ | <input type="checkbox"/> NO |
| e. Disability or workers compensation payments | <input type="checkbox"/> YES | _____ | <input type="checkbox"/> NO |
| f. Any other sources | <input type="checkbox"/> YES | _____ | <input type="checkbox"/> NO |

2. Do you have any cash or checking or savings accounts? YES NO

If "Yes", state the total amount. _____

3. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or any other thing of value? YES NO

If "Yes", describe the property and state its value.

