

### **Fill-in Forms 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 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 disk to fill in at a later time. 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 disk.

### **Filling in the Form:**

- Move the mouse pointer over a blank field (e.g. Petitioner(s) name) 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 de-select 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.

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**UNITED STATES TAX COURT**

\_\_\_\_\_,  
Petitioner (your name)

**APPLICATION FOR  
WAIVER OF FILING FEE  
AND AFFIDAVIT**

v.

**COMMISSIONER OF INTERNAL REVENUE,  
Respondent**

**Docket No:**

I, \_\_\_\_\_, declare that I am the petitioner in the above-entitled proceeding; that in support of my request for waiver of the filing fee, I declare that I am unable to make such payment.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated:       YES       NO      (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?       YES       NO
- a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
- b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

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

If the answer to any of the above is "Yes," describe each source of money and state the amount received and what you expect you will continue to receive.

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

If "Yes," state the total amount. \_\_\_\_\_

5. 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.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

7. Additional information (if any).

I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Return the completed application to:

Clerk's Office, Petitions  
United States Tax Court  
400 Second Street, NW  
Washington, DC 20217