

UNITED STATES TAX COURT
WASHINGTON, DC 20217

DRC

MICHAELJON MURPHY,)
)
Petitioner,)
)
v.) Docket No. 12755-18.
)
COMMISSIONER OF INTERNAL REVENUE,)
)
Respondent)

ORDER

By Order dated June 29, 2018, the Court directed petitioner to file an Amended Petition and pay the Court's \$60.00 filing fee or submit an Application for Waiver of Filing Fee for consideration. To date, petitioner has failed to comply with the Court's Order.

In view of the foregoing, it is

ORDERED that the time within which petitioner shall file an Amended Petition and pay the Court's \$60.00 filing fee (or submit an Application for Waiver of Filing Fee) is extended to October 22, 2018. If the Amended Petition and filing fee are not received by October 22, 2018, the Court may dismiss this case for lack of jurisdiction. It is further

ORDERED that the Clerk of the Court is directed to attach to the copy of this Order served on petitioner, a form which petitioner may use for the purpose of filing an Amended Petition.

(Signed) Maurice B. Foley
Chief Judge

Dated: Washington, D.C.
October 1, 2018

SERVED Oct 02 2018

UNITED STATES TAX COURT

www.ustaxcourt.gov

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

AMENDED PETITION

1. Please check the appropriate box(es) to show which IRS NOTICE(s) you dispute:

- Notice of Deficiency
- Notice of Determination Concerning Your Request for Relief From Joint and Several Liability. (If you requested relief from joint and several liability but the IRS has not made a determination, please see the Information for Persons Representing Themselves Before the U.S. Tax Court booklet or the Tax Court's Web site.)
- Notice of Determination Concerning Collection Action
- Notice of Determination Concerning Worker Classification

2. Provide the date(s) the IRS issued the NOTICE(s) checked above and the city and State of the IRS office(s) issuing the NOTICE(S): _____

3. Provide the year(s) of period(s) for which the NOTICE(S) was/were issued: _____

4. SELECT ONE OF THE FOLLOWING:

- If you want your case conducted under small tax case procedures, check here: **(CHECK ONE BOX)**
 If you want your case conducted under regular tax case procedures, check here: **(CHECK ONE BOX)**

NOTE: A decision in a "small tax case" cannot be appealed to a Court of Appeals by the taxpayer or the IRS. If you do not check either box, the Court will file your case as a regular tax case.

5. Explain why you disagree with the IRS determination in this case (please list each point separately):

6. State the facts upon which you rely (please list each point separately):

You may use additional pages to explain why you disagree with the IRS determination or to state additional facts. Please do not submit tax forms, receipts, or other types of evidence with this petition.

ENCLOSURES: Please check the appropriate boxes to show that you have enclosed the following items with this petition:

- A copy of the Determination or Notice the IRS issued to you
- Statement of Taxpayer Identification Number (Form 4) (See PRIVACY NOTICE below)
- The Request for Place of Trial (Form 5) The filing fee

PRIVACY NOTICE: Form 4 (Statement of Taxpayer Identification Number) will not be part of the Court's public files. All other documents filed with the Court, including this Petition and any IRS Notice that you enclose with this Petition, will become part of the Court's public files. To protect your privacy, you are strongly encouraged to omit or remove from this Petition, from any enclosed IRS Notice, and from any other document (other than Form 4) your taxpayer identification number (e.g., your Social Security number) and certain other confidential information as specified in the Tax Court's "Notice Regarding Privacy and Public Access to Case Files", available at www.ustaxcourt.gov.

SIGNATURE OF PETITIONER	DATE	(AREA CODE) TELEPHONE NO.
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MAILING ADDRESS	CITY, STATE, ZIP CODE
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State of legal residence (if different from the mailing address): _____

SIGNATURE OF ADDITIONAL PETITIONER (e.g., SPOUSE)	DATE	(AREA CODE) TELEPHONE NO.
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MAILING ADDRESS	CITY, STATE, ZIP CODE
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State of legal residence (if different from the mailing address): _____

SIGNATURE OF COUNSEL, IF RETAINED BY PETITIONER(S)	NAME OF COUNSEL	TAX COURT BAR NO.
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MAILING ADDRESS, CITY, STATE, ZIP CODE	DATE	(AREA CODE) TELEPHONE NO.
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