

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

U.S. TAX COURT  
 400 SECOND ST. N.W.  
 WASHINGTON D.C.  
 20217

## 2. Article Number

(Transfer from service label)

70993220 0006 1614 4262

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

 Agent Addressee

## B. Received by (Printed Name)

C. Date of Delivery

 UNITED STATES TAX COURT  
 MAIL ROOM #2  
 2006 JAN 20 AM 8:29

## D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

## 3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes



**UNITED STATES  
POSTAL SERVICE**

\*\*\*\*\* WELCOME TO \*\*\*\*\*  
RIVER OAKS STATION  
HOUSTON, TX 77019-9998  
01/13/06 03:42PM

Store USPS Trans 171  
Wkstn sys506 Cashier TCGPPB  
Cashier's Name KARON  
Stock Unit Id SIAKARON  
PO Phone Number 800-275-8777  
USPS # 4841490048

1. First Class 5.84  
Destination: 20217  
Weight: 5.80 oz.  
Postage Type: PVI  
Total Cost: 5.84  
Base Rate: 1.59  
SERVICES  
Certified Mail 2.40  
70993220000616144262  
Rtn Recpt (Green Card) 1.85  
Subtotal 5.84  
Total 5.84  
Cash 6.00  
Change Due  
Cash 0.16

Number of Items Sold: 1

Thank You  
Please come again!

7099 3220 0000 1614 4262

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
Article Sent To:		
WASHINGTON, DC 20217 COURT		
Postage	\$ 1.59	UNIT ID: 0048  Postmark Here Clerk: TCGPPB 01/13/06
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)	\$ 5.84	
Total Postage & Fees	\$ 5.84	
Name (Please Print Clearly) (To be completed by mailer) U.S. TAX COURT Street, Apt. No.; or PO Box No. 400 SECOND ST. NW City, State, ZIP+4 WASHINGTON, DC 20217		
PS Form 3800, July 1999		See Reverse for Instructions

**Robert A. McNeil**  
4400 Memorial Dr. #1200  
Houston, Texas 77007  
713-806-5199  
[ram@ramconsulting.net](mailto:ram@ramconsulting.net)

SENT BY CERTIFIED MAIL

January 13, 2006

United States Tax Court  
400 Second Street, N.W.  
Washington, D.C. 20217

Dear Sir or Madam:

In accordance with the rules of the Court, please find enclosed one (1) original and two (2) copies of the following documents:


- Notice of Deficiency from the Internal Revenue Service, dated October 17, 2005 (Letter No. 3219(SC/CG))
- Petition for Redetermination of a Deficiency
- Designation of Place of Trial

Also enclosed is my personal check #576, in the amount of \$60.00, for filing fees

When my docket number is assigned, please send written notification to the address shown above.

Thank you.

Sincerely,

  
\_\_\_\_\_  
Robert A. McNeil

Cc: File

Enclosures



ROBERT A. MCNEIL  
 4400 MEMORIAL DR. #1200 PH. 713-880-4649  
 HOUSTON, TEXAS 77007

37-65 2357  
 1119  
 0745301754

576

1/13/06

DATE

PAY TO THE ORDER OF

U.S. Tax Court

\$ 60<sup>00</sup>/<sub>xx</sub>

Sixty & <sup>NO</sup>/<sub>xx</sub>

DOLLARS

Security Feature: LIVING ON BACK



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**VOID**

MEMO

Filing Fee

R. A. McNeil

REP

⑆⑆⑆⑆900659⑆⑆0745301754⑆⑆ 0576

887427

UNITED STATES TAX COURT

www.ustaxcourt.gov

(FIRST) (MIDDLE) (LAST)
ROBERT ALLEN MCNEIL
(PLEASE TYPE OR PRINT) Petitioner(s)

Docket No.

COMMISSIONER OF INTERNAL REVENUE
Respondent

PETITION

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

- Checkboxes for: Petition for Redetermination of a Deficiency, Petition for Lien or Levy Action, Petition for Determination of Relief from Joint and Several Liability, Petition for Redetermination of Employment Status.

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) 2002, as set forth in such notice dated October 17, 2005, 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) SS# 460-82-7522

4. Set forth the relief requested and the reasons why you believe you are entitled to such relief. The remedy that I demand is a letter from the Internal Revenue Service, by certified mail, that I do not owe any amounts claimed previously and that such demands were made in error. Any liens or levies that have been filed against me must be immediately removed and a statement to that effect must be made in writing.

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: Robert A. McNeil, Date: 1/13/06, Address: 4400 MEMORIAL DR. #1200 HOUSTON, TX 77007, Telephone: (713) 806-5199

Signature of Spouse: (Blank), Address: (Blank), Telephone: (Blank)

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

UNITED STATES TAX COURT

ROBERT ALLEN MCNEIL  
Petitioner(s)  
V.  
COMMISSIONER OF INTERNAL REVENUE,  
Respondent

} Docket No.

DESIGNATION OF PLACE OF TRIAL

Petitioner(s) hereby designate(s) Houston, Texas  
City and State  
as the place of trial of this case.

*Robert A. McNeil*  
Signature of Petitioner or Counsel

Dated: January 13, 2006.