

Special Handling Notice

NAME

Robert [REDACTED]

Year(s)/Period(s) Ended

2000

Quality Measurement Staff

Mandatory Review (State nature, per IRM 4414.1)

Sample Review

Systematic

Management Identified

TCMP

Joint Committee Case

Employee Returns

Expedite

Prompt Assessment Request, Expires _____

Other _____
Specify

Special Handling/Processing Instructions

(IRM 48(13)1—Exhibit 300-1, IRM 4414 and IRM 4482.21)

Issue Notice of Claim Disallowance

Address/Name Change

Restricted interest case, IRC section _____

Send all communications as per power of attorney

Assess/Adjust

- Deficiency, claim involved
- Penalty FTP
- Prepayment Credit

Manual refund

- Deceased taxpayer
- Hardship case
- Innocent Spouse

Process

- Partial Agreement
- Partial Payment

Other (Specify) Self-Employment Tax \$18,189

Special Instructions (state nature, date & initial)

S.E. Income TP \$9,449 Medicare \$301,369 Date 10/02/07 Initials 330

S.E. Income Spouse \$ Medicare \$ Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

Note: This form is to be fastened at the upper left corner of the case file and on top of all other forms except Form 895 and 2544.

SSN- [REDACTED]

Special Handling Notice

NAME <u>Robert [REDACTED]</u>	Year(s)/Period(s) Ended <u>200112</u>
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Quality Measurement Staff

- | | |
|--|--|
| <input type="checkbox"/> Mandatory Review (State nature, per IRM 4414.1) | <input type="checkbox"/> Sample Review |
| _____ | <input type="checkbox"/> Systematic |
| _____ | <input type="checkbox"/> Management Identified |
| <input type="checkbox"/> TCMP | |
| <input type="checkbox"/> Joint Committee Case | |
| <input type="checkbox"/> Employee Returns | |

Expedite

- Prompt Assessment Request, Expires _____
- Other _____
Specify

Special Handling/Processing Instructions

(IRM 48(13)1—Exhibit 300-1, IRM 4414 and IRM 4482.21)

- | | |
|---|--|
| <input type="checkbox"/> Issue Notice of Claim Disallowance | <input type="checkbox"/> Address/Name Change |
| <input type="checkbox"/> Restricted interest case, IRC section _____ | _____ |
| <input type="checkbox"/> Send all communications as per power of attorney | _____ |

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Assess/Adjust | <input type="checkbox"/> Deficiency, claim involved
<input checked="" type="checkbox"/> Penalty FTP
<input type="checkbox"/> Prepayment Credit | <input type="checkbox"/> Manual refund | <input type="checkbox"/> Deceased taxpayer
<input type="checkbox"/> Hardship case
<input type="checkbox"/> Innocent Spouse |
| <input type="checkbox"/> Process | <input type="checkbox"/> Partial Agreement
<input type="checkbox"/> Partial Payment | | |

Other (Specify) Self-Employment Tax \$12,950

Special Instructions (state nature, date & initial)

S.E. Income TP \$50,400 Medicare \$102,983 Date 01-01/03/03 Initials 711

S.E. Income Spouse \$ Medicare \$ Date _____ Initials _____

_____ Date _____ Initials _____

_____ Date _____ Initials _____

Note: This form is to be fastened at the upper left corner of the case file and on top of all other forms except Form 895 and 2644.

38

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Family Guardian Website

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The Great IRS Hoax: Why We Don't Owe Income Tax