Name:	Telephone:
Office Address:	
	Zip code
EXPERIENCE STA	ATEMENT - INCOME TAX
matters which demonstrates in my judgi	I (been personally responsible for) the following ment that I meet or exceed the minimum elow. (ITEMIZED ONLY THE MINIMUM
INCOME TA	X QUALIFICATIONS
• •	stimated tax returns and application for tax hree (3) federal and state income tax returns for
For all other income tax matters, has rendered a written opinion on a significant tax question in at least three (3) tax cases, <u>or</u> has an LLM in Taxation, <u>or</u> has obtained at least two (2) rulings from the national office of the Internal Revenue Service, <u>or</u> shows that he/she limits his/her practice to tax and tax related matters, <u>or</u> has completed (2) tax proceedings before the Appellate Division of the IRS.	
Or is a Certified Specialist, Taxation La	w, California Board of Legal Specialization.
Certified Specialist, Taxation Law Da	ate Certified/Recertified
Identification: If matter is on public reconumber; if office matter only, give office	ord, identify, court or agency and give file e designation but omit client's name.
Date: Give month and year the require	d experience was completed in the matter.
Federal and State Income tax returns	(identification and date)
First Matter:	Date:
Second Matter:	Date:
Third Matter:	Date:

FOR ALL OTHER INCOME TAX MATTERS:

Written Opinion (identification and da	te)
First Matter:	Date:
Second Matter:	Date:
Third Matter:	Date:
LLM in Taxation, conferred by (institution))
of (location and street address)	
	on (date)
OR	
Rulings from National IRS office (ident	ification and date)
First Ruling:	Date:
Second Ruling:	Date:
OR	
related matters; that he does not accept or hat that he has been so specialized since (month	n fact limits his practice of law to tax and tax andle matters in other areas of law practice; h/year) and that this representation of their own knowledge:
Name:	Telephone #:
Address:	
Name:	Telephone #:
Address:	
Two tax proceedings before the Appellate D	Division of the IRS: (identification and date)
First Matter:	Date:
Second Matter:	Date:

I submit the above information in support of my application for panel membership in the Lawyer Referral Service; I agree to cooperate with the Service in facilitating reasonable verification thereof and otherwise reviewing my qualifications for the Income Tax panel under the Rules; and I further declare under penalty of perjury that the foregoing is true and correct in all respects.	
Date	Signature of Applicant