Request for Innocent Spouse Relief and Separation of Liability and Equitable Relief

Do not file with your tax return.

Do not use Form 200 to make an injured spouse claim. You must use Arizona Form 203 to make an injured spouse claim. You are an injured spouse if your share of an overpayment shown on your joint return was, or is expected to be, applied against your spouse's past-due state taxes, child support or spousal maintenance, or debts owed to another Arizona state agency, the IRS, or a court. If you are an injured spouse, see the note on page 1 of the instructions.

Your First Name and Middle Initial Last Name				Your Social Security Number			
Current Home Address - number and street, rural route Apartment Number			Daytime Phone No. (optional)				
City,	City, Town or Post Office State			ZIP Code			
Pai	t 1 Type of Relief. You must complete this	s part for each tax year.					
	IMPORTANT: For a request for innocent spouse separation of liability, you must ha return for each year for which you	ive filed an Arizona income tax					
				Tax Year 1	Tax Year 2	Tax Year 3*	
1	Enter each tax year you want relief. It is important to example, if the department used your 2019 income to amount you jointly owned, enter tax year 2017, not to	ax refund to pay a 2017 tax	1	Y,Y,Y,Y	Y,Y,Y,Y	Y,Y,Y,Y	
2	Check the box for each year you would like a refund may be required to provide proof of payment. See in		2				
3	For each year, check the box for the type of relief clar you check any boxes on lines 3a through 3c. Also be statements for the type of relief you are requesting.						
	Check all that apply: 3a Separation of Liability		32				
	3b Innocent Spouse Relief			l <u>—</u>	l Н	l H	
	3c Equitable Relief						
4	Did you file a joint return for the tax year listed on line	e 1?	4	Yes No	Yes No	Yes No	
				,	t relief for mo		
If you completed federal Form 8857, you do <u>not</u> need to complete the rest of Form 200. Check this box <i>and include all required statements</i> for the type of relief you are requesting.							
If yo	u did <u>not</u> complete federal Form 8857, you must com	plete the rest of Form 200.					

DOCUMENTATION REQUIRED:



- If you were granted relief by the IRS, please include a copy of the IRS letter.
- Include a copy of your completed federal Form 8857.
- Sign Form 200 on page 5.
- · Mail to the address shown below.

Mail Form 200 to:

Individual Income Tax Audit • Attention Form 200
Arizona Department of Revenue
PO Box 29084 • Phoenix, AZ 85038-9084

You	r Name (as shown on page 1)		Your Social Security Number				
		re room to write your answe and Social Security Numbe					
Pa 5	rt 2 Information About You and Your Spouse (or former spouse) Spouse's (or former spouse's) Current Name			Social Security Number (if known)			
	Current Home Address – number and street, rural route		Apartment Number	Daytime Phone No. (with area code)			
	City, Town or Post Office		State	ZIP Code			
6	What is the current marital status between	n you and the person on	line 5? Check one	e box:			
☐ Married and still living together.							
	☐ Married and living apart since:	[M,M]D,D]Y,Y,Y,Y	Y				
_	☐ Widowed since:	[M,M]D,D]Y,Y,Y,	•	otocopy of the death certificate and will,			
	Legally separated since:	M,M,D,D,Y,Y,Y,Y	if one exists. ✓ ⊥. <i>Include a ph</i>	otocopy of your entire separation agreement			
\	Divorced since:		<u>-</u>	otocopy of your entire divorce decree.			
7	NOTE: A divorce decree stating that your What was the highest level of education v						
•	What was the highest level of education you had completed when the return(s) were filed? If the answers are not the same for al tax years, explain.						
	☐ High school diploma, equivalent, or less ☐ Some college						
	College degree or higher. List any degrees you have:						
	List any college-level business or tax-related courses you completed:						
	Explain:						
8	Were you a victim of spousal abuse or do same for all tax years, explain.	mestic violence during a	iny of the tax years	you want relief? If the answers are not the			
Yes. <i>Include a statement</i> to explain the situation and when it started. Provide photocopies of any document							
	aware of the situation.	training order, a doctor's	report or letter, or	a notarized statement from someone who wa			
9	☐ No.	s are not the same for all	l tay years eynlain				
9	 Did you sign the return(s)? If the answers are not the same for all tax years, explain. ☐ Yes. If you were forced to sign under duress (threat of harm or other form of coercion), check this box: ☐. See instruction 						
	☐ No. Your signature was forged. See i	•	TOTAL TOTAL OF COE	iolory, oricon this box See histituctions.			
10 When any of the returns were signed, did you have a mental or physical health problem, or do you have a mental or physical health problem now? If the answers are not the same for all tax years, explain.				lem, or do you have a mental or physical			
	Yes. <i>Include a statement</i> to such as medical bills or a doc		d when it started.	Provide photocopies of any documentation,			
	□ No.			Continued on page 3 -			

	our Name (as shown on page 1)			Your Social Security Number			
		more room to write your answer to any me and Social Security Number on the t					
art		turn Preparation Involveme					
11 H	How were you involved with preparing same for all tax years, explain:			ssary. If the answ	ers are not the		
	You filled out or helped fill out the race You gathered receipts and cancelled You gave the tax documents (such You reviewed the returns before the You did not review the returns before You were not involved in preparing Other:	ed checks. I as Forms W-2, 1099, etc.) to the po ey were signed. Dre they were signed. Explain below		d the returns.			
	Explain how you were involved:						
	When the returns were signed, were yapply and explain, if necessary. If the			missing informatio	on? Check all that		
	☐ You knew something was incorrect ☐ You knew something was incorrect ☐ You did not know anything was in Explain:	t or missing, but you said nothing. t or missing and asked about it.					
S	When any of the returns were signed, what did you know about the income of the person on line 5? If the answers are not the same for all tax years, explain:						
	You knew that person had income. List each type of income on a separate line. (Examples are wages, social security, gambling winnings, or self-employment business income.)						
	Enter each tax year and the amount of income for each type listed. If you don't know any details, enter, "I don't know."						
	Type of Income	Who paid it to that person?	Tax Year 1	Tax Year 2	Tax Year 3		
			\$	\$	\$		
			\$	\$	\$		
				•			

Your	Name (as shown on page 1)	Your Social Security Number
	If you need more room to write your answer to any question, add Write your name and Social Security Number on the top of each pa	
	tt 3 (Continued) When the returns were signed, did you know any amount was owed to the department the same for all tax years, explain. ☐ Yes. Explain when and how you thought the amount of tax reported on the return	•
	□ No. Explain:	
15	When any of the returns were signed, were you having financial problems (for example the answers are not the same for all tax years, explain.	le, bankruptcy or bills you could not pay)? If
	☐ Yes. Explain:	
	☐ No. ☐ Did not know.	
	Explain:	
16	For the years you want relief, how were you involved in the household finances? Che same for all tax years, explain.	eck all that apply. If the answers are not the
	 You knew the person on line 5 had separate accounts. You had joint accounts but you had limited use of them or did not use them. Expla You used joint accounts. You made deposits, paid bills, balanced the checkbook, You made decisions about how money was spent. For example, you paid bills or You were not involved in handling money for the household. 	or reviewed the monthly bank statements.
	☐ Other:	
	Explain anything else you want to tell us about your household finances:	
17	Has the person on line 5 ever transferred assets (money or property) to you? Propert other property to which you have title. See instructions.	ty includes real estate, stocks, bonds, or
	$\hfill \square$ Yes. List the assets and the dates they were transferred. Explain why the assets	were transferred.
	□ No.	

Your	Name (as shown on page 1)	Your Social Security Number	Your Social Security Number				
			wer to any question, add more pages.				
Dar	Write your name an Your Current Financial Sit		per on the top of each page you include.				
	Tell us the number of people currently in you		Children				
	Tell us your current average monthly income	e and expenses for y	our entire household. If family or friends are h				
	u, include the amount of support as gifts under Monthly Income . Under Monthly Expenses , enter all expenses, including						
	expenses paid with income from gifts. Monthly Income	Amount	Monthly Expenses	Amount			
			Federal, state, and local taxes deducted from				
	Gifts	\$	your paycheck	\$			
	Wages (gross pay)	\$	Rent or mortgage	\$			
	Pensions	\$	Utilities	\$			
	Unemployment	\$	Telephone	\$			
	Social security	\$	Food	\$			
	Government assistance, such as housing,						
	food stamps, grants	\$	Car expenses, payments, insurance etc	\$			
	Alimony	\$	Medical expenses, including medical insurance	\$			
	Child support	\$	Life insurance	\$			
	Self-employment business income	\$	Clothing	\$			
	Rental income	\$	Child care	\$			
	Interest and dividends	\$	Public transportation	\$			
	Other income, such as disability payments, gambling winnings, etc. List the type below:		Other expenses, such as real estate taxes, child support, etc. List the type below:				
	Type:	_ \$	Type:	\$			
	Type:	_ \$	Type:	\$			
	Type:	_ \$	Type:	\$			
	Total Mandala Income	φ.	Tatal Mandala Faranca	Φ.			
20	Total Monthly Income		determining whether it would be unfair to hold				
20	tax:	ant us to consider in	determining whether it would be diffall to floid	you hable for the			
CAL	JTION: By signing this form, you underst	tand that, by law, w	e must contact the person on line 5. See in	structions for line 5.			
RE	Under penalties of periury I declare that I have examined this form and any accompanying schedules and statements, and to the best of						
preparer has any knowledge.							
S	YOUR SIGNATURE	DATE					
PLEASE	PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYER	D)			
딥	PAID PREPARER'S TIN PAID PREPAREI	R'S ADDRESS	PAID PREPAR	ER'S PHONE NUMBER			