## 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 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 S	Security	y Numb	er
Curr	ent Home Address - number and street, rural route	Apartment Number			Dayti	me Pho	ne No.	(option	nal)
City,	Town or Post Office	State			ZIP C	Code			
Pa	rt 1 Type of Relief. You must complete this	s part for each tax vear.							
	IMPORTANT: You must have filed an Arizona income for which you are requesting relief	come tax return for each year		Tax Y	/a.a.r. 1	Tax Y	/aar 2	Tax Y	2*
1	Enter each tax year you want relief. It is important to example, if the department used your 2013 income t amount you jointly owned, enter tax year 2011, not to	ax refund to pay a 2011 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		]		<u>]</u>		]
3	For each year, check the box for the type of relief clayou 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	e sure to <i>include all required</i>	3b				] ]		
4	Did you file a joint return for the tax year listed on line	e 1?		Yes  * If vo	No	Yes	No	Yes	No □
incl	<b>Du completed federal Form 8857</b> , you do <u>not</u> need to lude all required statements for the type of relief you applete the rest of Form 200.		heck	years	s, inclu ox <b>and</b>	ude a s	epara	te sche	

## **DOCUMENTATION REQUIRED:**

- Documents
- 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:

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

our Name	(as shown on page 1)			Your	Social Security Number
need more	e room to write your answer to any quest	tion, add more pages. Write	e your name	and social secu	urity number on the top of each page you in
Part 2	Information About You at se's (or former spouse's) Current Name	nd Your Spouse (or	former spo	use)	Social Security Number (if known)
Currer	nt Home Address – number and street, ru	ural route	Apartment I	lumber	Daytime Phone No. (with area code)
City, T	own or Post Office		State		ZIP Code
6 What	is the current marital status between	n you and the person on	line 5? Ch	eck one box:	
	☐ Married and still living together	<del>.</del>			
	☐ Married and living apart since:	$M_1M_1D_1D_1Y_1Y_1Y_1$	Υ.		
	☐ Widowed since:	$M_1M_1D_1D_1Y_1Y_1Y_1$		de a photoco	py of the death certificate and will,
Documents	☐ Legally separated since:	[M,M]D,D]Y,Y,Y,			<b>py</b> of your entire separation agreemen
	☐ Divorced since:	$M_1M_1D_1D_1Y_1Y_1Y_1$	Y . Inclu	de a photoco	py of your entire divorce decree.
☐ S	igh school diploma, equivalent, or le ome college ollege degree or higher. List any de				
Li	st any college-level business or tax-	related courses you com	pleted:		
E	xplain:				
	you a victim of spousal abuse or do for all tax years, explain.	mestic violence during a	ny of the ta	ıx years you w	vant relief? If the answers are not the
Cocunents					le photocopies of any documentation, rized statement from someone who wa
9 Did y	ou sign the return(s)? If the answers	s are not the same for all	tax years,	explain.	
	es. If you were forced to sign under o. Your signature was forged. See i		r other forr	n of coercion),	check this box: ☐. See instructions
	n any of the returns were signed, did n problem now? If the answers are r	-	-	-	r do you have a mental or physical
O <sub>CUMenis</sub>	Yes. <i>Include a statement</i> to such as medical bills or a doc □ No.		d when it s	arted. Provid	e photocopies of any documentation,
	<u> </u>				Continued on page 3

	e 1)		1001 30	ocial Security Number	
u need more room to write yo	our answer to any qu	uestion, add more pages. Write your na	ıme and social securit	ty number on the top	of each page you inclu
Part 3 Your Fina	ancial and Re	turn Preparation Involveme	ent		
	ed with preparing	the returns? Check all that apply a		ssary. If the answ	ers are not the
☐ You reviewed the☐ You did not review	eipts and cancelled documents (such returns before the work the returns before	ed checks. In as Forms W-2, 1099, etc.) to the p In a service signed. The presence of the process of the proces		d the returns.	
☐ You were not invo		the returns.			
Explain how you	were involved:				
☐ You knew someth	•	answers are not the same for all ta t or missing, but you said nothing.	x years, explain:		
☐ You did not know Explain:  13 When any of the retusame for all tax years ☐ You knew that pe	anything was incomes, explain: rson had income.	what did you know about the incom . e line. (Examples are wages, social sec	urity, gambling winnin	gs, or self-employme	
You did not know Explain:  13 When any of the retusame for all tax years You knew that pe	anything was incomes, explain: rson had income. come on a separate	what did you know about the income line. (Examples are wages, social second income for each type listed. If you don	urity, gambling winnin t know any details, er	gs, or self-employmenter, "I don't know."	ent business income.)
☐ You did not know Explain:  13 When any of the retusame for all tax years ☐ You knew that pe  List each type of intention Enter each tax years	anything was incomes, explain: rson had income.	what did you know about the incom  line. (Examples are wages, social sec	urity, gambling winnin t know any details, er Tax Year 1	gs, or self-employmenter, "I don't know."  Tax Year 2	ent business income.)  Tax Year 3
☐ You did not know Explain:  13 When any of the retusame for all tax years ☐ You knew that pe  List each type of intention Enter each tax years	anything was incomes, explain: rson had income. come on a separate	what did you know about the income line. (Examples are wages, social second income for each type listed. If you don	urity, gambling winnin It know any details, er Tax Year 1	gs, or self-employmenter, "I don't know."  Tax Year 2	ent business income.)  Tax Year 3
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☐ You did not know Explain:  13 When any of the retusame for all tax years ☐ You knew that pe  List each type of intenter each tax years ☐ Type of	anything was incomes, explain: rson had income. come on a separate and the amount of Income	what did you know about the income.  Include: (Examples are wages, social sections for each type listed. If you don Who paid it to that person?	urity, gambling winnin t know any details, er Tax Year 1 \$ \$	gs, or self-employmenter, "I don't know."  Tax Year 2	ent business income.)  Tax Year 3
You did not know Explain:  13 When any of the retusame for all tax years You knew that pe  List each type of intended Enter each tax years Type of You knew that pe  You did not know Explain:	anything was incomes, explain: rson had income. come on a separate and the amount of fincome  rson was self-em rson was self-em rson had no income if that person had re signed, did you	what did you know about the income line. (Examples are wages, social sections for each type listed. If you don Who paid it to that person?  ployed and you helped with the boo ployed and you did not help with the me.	urity, gambling winnin t know any details, er Tax Year 1 \$ \$ \$  shoks and records. e books and record	gs, or self-employmenter, "I don't know."  Tax Year 2  \$ \$ \$	Tax Year 3 \$ \$ \$

Your Name (as shown on page 1)	Your Social Security Number
rou need more room to write your answer to any question, add more pages. Write you	ur name and social security number on the top of each page you inclu
Part 3 (Continued)	
15 When any of the returns were signed, were you having financial proble the answers are <b>not</b> the same for all tax years, explain.	ems (for example, 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 same for all tax years, explain.	finances? Check 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 u	use them. Explain below.
☐ You used joint accounts. You made deposits, paid bills, balanced	the checkbook, or reviewed the monthly bank statements.
☐ You made decisions about how money was spent. For example, y	you paid bills or made decisions about household purchases.
☐ You were not involved in handling money for the household.	
Other:	
Explain anything else you want to tell us about your household fina	ances:
17 Has the person on line 5 ever transferred assets (money or property) other property to which you have title. See instructions.	to you? Property includes real estate, stocks, bonds, or
Yes. List the assets and the dates they were transferred. Explain	why the assets were transferred.
□ No.	

Tell us the number of people currently in your household: Adults Children Itell us your current average monthly income and expenses for your entire household. If family or friends are helping to s you, include the amount of support as gifts under Monthly Income. Under Monthly Expenses, enter all expenses, inclue expenses paid with income from gifts.    Monthly Income	Tell us your current average monthly incomyou, include the amount of support as gifts expenses paid with income from gifts.  Monthly Income	ne and expenses for under <b>Monthly Inco</b>	your entire household. If family or friends are h	nelping to suppo			
you, include the amount of support as gifts under Monthly Income. Under Monthly Expenses, enter all expenses, inclue expenses paid with income from gifts.    Monthly Income	you, include the amount of support as gifts expenses paid with income from gifts.  Monthly Income	under Monthly Inco	-				
Monthly Income  Amount  Monthly Expenses  Amount  Federal, state, and local taxes deducted from your paycheck.  S  Wages (gross pay)  Pensions  Unemployment  S  Telephone  S  Telephone  S  Car expenses, payments, insurance etc  S  Alimony  Medical expenses, including medical insurance  Life insurance  Child support  S  Life insurance  S  Self-employment business income  S  Clothing  S  Child care  S  Child care  S  Child care  S  Type:  S  Type:  S  Type:  S  Type:  S  Type:  S  Total Monthly Income  S  Please provide any other information you want us to consider in determining whether it would be unfair to hold you liable tax:  UTION: By signing this form, you understand that, by law, we must contact the person on line 5. See instructions In the knowledge and belief, they are two, core laid insurance, and to the be knowledge and belief, they are two, core laid information to the be knowledge and belief, they are two.	Monthly Income	Amount					
Gifts S. Federal, state, and local taxes deducted from your paycheck S. Rent or mortgage S. Rent or mortgage S. Life insurance S. Life insurance etc. S. Alimony S. Life insurance S. Life insurance S. Life insurance S. Clothing S. Self-employment S. Child care S. Child care S. Child care S. Life insurance S. Child care S. Child care S. Life insurance S. Child care S. Child care S. Child care S. Child support S. Life the type below: S. Type: S. Total Monthly Income S. Child care Total Monthly Income S. See instructions Incomediate Income S. Total Monthly Income S. Total Monthly Income S. See instructions Incomediate Income Income Income S. Total Monthly Income S. See instructions Incomediate Income I	-	A 100 0 1 1 10 f		,			
Gifts \$ your paycheck \$ \$ Wages (gross pay) \$ \$ Rent or mortgage \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Gifts	Amount		Amount			
Wages (gross pay)  S Rent or mortgage  S Utilities  S Unemployment  S Telephone  S Government assistance, such as housing, food stamps, grants  S Alimony  S Medical expenses, including medical insurance etc.  S Self-employment business income  S Clothing  S Clothing  S Child support  S Clothing  S Child care  S Interest and dividends  Other income, such as disability payments, granbling winnings, etc. List the type below:  Type:  Type:  S Type:  S Type:  S Type:  S Total Monthly Income  S Total Monthly Income  S Total Monthly Income  S UITION: By signing this form, you understand that, by law, we must contact the person on line 5. See instructions Information  UITION: By signing this form, you understand that, by law, we must contact the person on line 5. See instructions  UITION: By signing this form, you understand that, by law, we must contact the person on line 5. See instructions Information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other t	Gitts						
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Pensions \$ Utilities \$ \$ Utilities \$ \$ Utilities \$ \$ Unemployment \$ Telephone \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Wages (gross pay)	. s	Rent or mortgage	s			
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 \$ \$ 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: Type: \$ Type: \$ Type: \$ \$ Type: \$ Type: \$ \$ Type: \$ \$ Type: \$ \$ Type: \$ \$ Total Monthly Income \$ \$ Under penalties of perjury, I declare that I have examined this form and any accompanying schedules and statements, and to the be knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information.	334 (3 444 )						
Social security	Pensions	. \$	Utilities	\$			
Social security			1				
Government assistance, such as housing, food stamps, grants	Unemployment	. \$		\$			
Government assistance, such as housing, food stamps, grants	Social security	.  \$	Food	<b> </b> \$			
food stamps, grants	•	<del>-</del>	7	7			
Alimony	_	<b>C</b>	Car expenses payments insurance etc	c c			
Child support \$ Life insurance \$ Self-employment business income \$ Clothing \$ Self-employment business income \$ Clothing \$ Self-employment business income \$ Clothing \$ Self-employment business income \$ Child care \$ Self-employment business income \$ Self-employment business inco	1000 stamps, grants	. φ	Car expenses, payments, insurance etc	Φ			
Self-employment business income	Alimony	. \$	Medical expenses, including medical insurance	\$			
Self-employment business income							
Rental income	Child support	. \$	Life insurance	\$			
Interest and dividends	Self-employment business income	. \$	Clothing	\$			
Other income, such as disability payments, gambling winnings, etc. List the type below:  Type:	Partal Income		Obild				
Other income, such as disability payments, gambling winnings, etc. List the type below:  Type:	Rental Income	· 5	Child care	\$			
gambling winnings, etc. List the type below:  Type:	Interest and dividends	. \$	Public transportation	\$			
gambling winnings, etc. List the type below:  Type:	Other income, such as disability payments,		Other expenses, such as real estate taxes,				
Type:			· ·				
Type:	_		1_				
Total Monthly Income \$ Total Monthly Expenses \$  Please provide any other information you want us to consider in determining whether it would be unfair to hold you liable tax:  UTION: By signing this form, you understand that, by law, we must contact the person on line 5. See instructions of Under penalties of perjury, I declare that I have examined this form and any accompanying schedules and statements, and to the be knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	Type:	_ \\	Type:	\$			
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Please provide any other information you want us to consider in determining whether it would be unfair to hold you liable tax:  UTION: By signing this form, you understand that, by law, we must contact the person on line 5. See instructions to the person of the person on line 5 and to the beknowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	Type:	_	Type:	\$			
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YOUR SIGNATURE DATE			<u> </u>				