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.

You	r First Name and Middle Initial	Last Name		Your	Social Securit	y Number
Curr	rent Home Address - number and street, rural route	Apartment Number		Dayti	ime Phone No	(optional)
City,	Town or Post Office	State		ZIP (Code	
Par	rt 1 Type of Relief. You must complete this	s part for each tax year				
	IMPORTANT: You must have filed an Arizona income for which you are requesting relief	come tax return for each year			1	
1	Enter each tax year you want relief. It is important to example, if the department used your 2013 income to amount you jointly owned, enter tax year 2011, not to	ax refund to pay a 2011 tax	1	Tax Year 1	Tax Year 2	Tax Year 3*
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 cla 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	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 No	
incl	ou completed federal Form 8857, you do <u>not</u> need to ude all required statements for the type of relief you plete the rest of Form 200.	· · · · · · · · · · · · · · · · · · ·		this box <i>and</i>		
\\\(\rangle_0\)	DOCUMENTATION REQUIRED: • If you were granted relief by the IRS, pleas • Include a copy of your completed federal I					

Mail Form 200 to:

• Sign Form 200 on page 5. · Mail to the address shown below.

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

> > Continued on page 2 →

You	r Name (as shown on page 1)			Y	our Social Security Number			
		re room to write your answer						
Pa	rt 2 Information About You ar Spouse's (or former spouse's) Current Name	· · · · · · · · · · · · · · · · · · ·						
Э	Spouse's (or former spouse's) Current Name				Social Security Number (if known)			
	Current Home Address – number and street, ru	ıral route	Apartme	nt Number	Daytime Phone No. (with area code)			
	City, Town or Post Office		State		ZIP Code			
6 What is the current marital status between you and the person on line 5? Check one box:								
	☐ Married and still living together.	:						
	☐ Married and living apart since:	$M_1M_1D_1D_1Y_1Y_1Y_1$	Υ.					
	☐ Widowed since:	[M,M]D,D]Y,Y,Y,		lude a photo	copy of the death certificate and will,			
100	Legally separated since:	$M_1M_1D_1D_1Y_1Y_1Y_1$			copy of your entire separation agreement.			
\	☐ Divorced since:			-	copy of your entire divorce decree.			
	NOTE: A divorce decree stating that your	former spouse must pa	y all taxe	es does not n	ecessarily mean you qualify for relief.			
7	What was the highest level of education y tax years, explain.	ou had completed wher	the retu	rn(s) were file	ed? If the answers are not the same for all			
	☐ 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:							
	List any conege level business of tax i	related courses you com	ipicica.					
	Explain:							
	·							
8 Were you a victim of spousal abuse or domestic violence during any of the tax years you want relief? If the answers same for all tax years, explain.								
	Yes. <i>Include a statement</i> to explain the situation and when it started. Provide photocomunication as police reports, a restraining order, a doctor's report or letter, or a notarized state aware of the situation.							
	□ No.							
9	Did you sign the return(s)? If the answers	s are not the same for al	l tax yea	rs, explain.				
	☐ Yes. If you were forced to sign under ☐ No. Your signature was forged. See i	•	or other fo	orm of coerci	on), check this box: . See instructions.			
10	When any of the returns were signed, did health problem now? If the answers are r				ı, or do you have a mental or physical			
	Yes. <i>Include a statement</i> to such as medical bills or a doc		d when i	t started. Pro	ovide photocopies of any documentation,			
	☐ No.				Continued on page 3 –			

	ime (as shown on page 1)		Your So	cial Security Number		
		more room to write your answer to any q me and social security number on the top				
art (urn Preparation Involveme				
	ow were you involved with preparing ame for all tax years, explain:			ssary. If the answe	ers are not the	
 You filled out or helped fill out the returns. You gathered receipts and cancelled checks. You gave the tax documents (such as Forms W-2, 1099, etc.) to the person who prepared the returns. You reviewed the returns before they were signed. You did not review the returns before they were signed. Explain below. You were not involved in preparing the returns. 						
L	Other: Explain how you were involved:					
	then the returns were signed, were your poly and explain, if necessary. If the a			missing informatio	on? Check all that	
	You knew something was incorrect You knew something was incorrect You did not know anything was incorporated Explain:	or missing and asked about it.				
	then any of the returns were signed, ware for all tax years, explain:	what did you know about the income	e of the person on	line 5? If the ansv	vers are not the	
	, , ,					
Sa	You knew that person had income.					
Sa	You knew that person had income. List each type of income on a separate	line. (Examples are wages, social secui			ent business income	
Sa	You knew that person had income. List each type of income on a separate				ent business income	
Sa	You knew that person had income. List each type of income on a separate Enter each tax year and the amount of	ncome for each type listed. If you don't	know any details, en	ter, "I don't know."		
Sa	You knew that person had income. List each type of income on a separate Enter each tax year and the amount of	ncome for each type listed. If you don't	know any details, en Tax Year 1	ter, "I don't know." 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			
	(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, bankruptcy or bills you could not p the answers are not the same for all tax years, explain.				
	☐ 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? Proper other property to which you have title. See instructions.	ty includes real estate, stocks, bonds, or		
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	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.				
Par	Write your name ar rt 4 Your Current Financial Sit	•	er on the top of each page you include.				
	Tell us the number of people currently in yo		S Children				
19		-	our entire household. If family or friends are h me. Under Monthly Expenses, enter all expe				
	expenses paid with income from gifts.		me. Onder Monthly Expenses, enter all expe	inses, including			
	Monthly Income	Amount	Monthly Expenses	Amount			
	Gifts	\$	Federal, state, and local taxes deducted from your paycheck	\$			
	Wages (gross pay)	\$	Rent or mortgage	\$			
	Pensions	\$	Utilities	\$			
	Unemployment	\$	Telephone	\$			
	Social security	\$	Food	\$			
	Government assistance, such as housing,	¢.	Car avagance naumente incurrente etc	¢.			
	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 Monthly Income	l _e	Total Monthly Expenses	l _¢			
20			determining whether it would be unfair to hold				
	tax:						
CAI	UTION: By signing this form, you unders	tand that. by law. w	e must contact the person on line 5. See in	structions for line 5.			
_			and any accompanying schedules and statements, a				
knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information preparer has any knowledge. YOUR SIGNATURE DATE							
GN	YOUR SIGNATURE	DATE	<u> </u>				
	TOOK GIGHATURE	DAIE					
PLEASE	PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYE	D)			
교	PAID PREPARER'S TIN PAID PREPARE	R'S ADDRESS	PAID PREPAR	RER'S PHONE NUMBER			