Your First Name and Middle Initial

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.

Last Name

Current Home Address - number and street, rural route		Apartment Number		Dayti	aytime Phone No. (optional)	
City, Town or Post Office State		State	ZIP Code			
Рa	rt 1 Type of Relief. You must complete this	nart for each tay year				
· u	IMPORTANT: You must have filed an Arizona inc 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 2015 income to amount you jointly owned, enter tax year 2013, not tax	ax refund to pay a 2013 tax	1	Tax Year 1	Tax Year 2	Tax Year 3*
2		if you qualify for relief. You				
3	For each year, check the box for the type of relief cla you check any boxes on lines 3a through 3c. Also be <i>statements</i> 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 □ □ *If you wan	Yes No	Yes No
eq	ou completed federal Form 8857, you do <u>not</u> need to uired statements for the type of relief you are request ou did <u>not</u> complete federal Form 8857, you must com	ing	heck	years, inclu this box and	ude a separa I include all	te schedule.
(Q	• If you were granted relief by the IRS, please	e 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

Your Social Security Number

Your	r Name (as shown on page 1)		Your Social Security Number				
Da	Write your name	re room to write your answer	on the top of each pa				
5				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	Υ.				
	☐ 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,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,		otocopy of your entire separation agreement.			
\	Divorced since:			the constitution of your entire divorce decree.			
7	NOTE: A divorce decree stating that your What was the highest level of education y			filed? If the answers are not the same for all			
	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:						
	Fundain						
	Explain:						
8	Were you a victim of spousal abuse or do same for all tax years, explain.	you want relief? If the answers are not the					
		explain the situation an	d when it started.	Provide photocopies of any documentation.			
Yes. <i>Include a statement</i> to explain the situation and when it started. Provide photocopies of any document such as police reports, a restraining order, a doctor's report or letter, or a notarized statement from someone aware of the situation.							
	□ No.						
9	Did you sign the return(s)? If the answers	s are not the same for all	l tax years, explain				
	☐ Yes. If you were forced to sign under ☐ No. Your signature was forged. See i	•	r other form of coe	rcion), check this box: . See instructions.			
10	When any of the returns were signed, did health problem now? If the answers are r	•	•	em, 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 →			

	ime (as shown on page 1)		Your Social 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 real You gathered receipts and cancelle 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	d checks. as Forms W-2, 1099, etc.) to the pe ey were signed. re they were signed. Explain below		d the returns.		
L	Other: Explain how you were involved:					
	When the returns were signed, were you concerned that any of the returns were incorrect or missing information? Check all that apply and explain, if necessary. If the answers are not the same for all tax years, explain:					
	You knew something was incorrect You knew something was incorrect You did not know anything was incorporated Explain:	or missing and asked about it.				
	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 ame for all tax years, explain:					
	, , ,					
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				
Par 14	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 would be paid:					
	□ No. Explain:				
15	When any of the returns were signed, were you having financial problems (for example, bankruptcy or bills you could not pay)? 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. Expl. ☐ 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			
	☐ 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.				
		•	er on the top of each page you include.				
	rt 4 Your Current Financial Situ						
		ell us the number of people currently in your household: Adults Children					
13	ell us your current average monthly income and expenses for your entire household. If family or friends are helping to support ou, 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			
	O.V.		Federal, state, and local taxes deducted from				
	Gifts	\$	your paycheck	\$			
	Wages (gross pay)	\$	Rent or mortgage	\$			
	3 (3 1 1)			<u> </u>			
	Pensions	\$	Utilities	\$			
	Unemployment	\$	Telephone	\$			
	Social security	\$	Food	\$			
		<u> </u>	1	<u> </u>			
	Government assistance, such as housing,	C		Φ.			
	food stamps, grants	\$	Car expenses, payments, insurance etc	\$			
	Alimony	\$	Medical expenses, including medical insurance	\$			
	•			_			
	Child support	\$	Life insurance	\$			
	Oalf amala mand harrings in any		Olathia	*			
	Self-employment business income	\$	Clothing	\$			
	Rental income	\$	Child care	\$			
	Interest and dividends	\$	Public transportation	\$			
	Other income, such as disability payments,		Other expenses, such as real estate taxes,				
	gambling winnings, etc. List the type below:		child support, etc. List the type below:				
	_		_				
	Type:	. \$	Type:	\$			
	Type:	. \$	Type:	\$			
	, <u> </u>		, , ,				
	Type:	. \$	Type:	\$			
	Total Manthly Income	<u></u>	Total Mandalu Francisco				
00	Total Monthly Income		Total Monthly Expenses				
20	tax:	ant us to consider in	determining whether it would be unfair to hold	you liable for the			
	tax.						
_							
CAL	JIION: By signing this form, you underst	and that, by law, w	e must contact the person on line 5. See in	structions for line 5.			
Щ			and any accompanying schedules and statements, a				
SIGN HERE	preparer has any knowledge.	ina compiete. Deciara	tion of preparer (other than taxpayer) is based on all	imormation of which			
Z							
SIG	YOUR SIGNATURE	DATE	<u>—</u>				
	-	-					
PLEASE	PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYE	D)			
PLI	DAID DDEDADEDIG TILL	NO ADDDESO	200 5555	DEDIO DI IONE VII INCEE			
	PAID PREPARER'S TIN PAID PREPARER	4 9 ADDKE99	PAID PREPAR	RER'S PHONE NUMBER			