

Utah State Tax Commission
Request For Innocent Spouse Relief

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TC-8857 Rev. 11/08

Do not file this form if you did not file a joint return for the year(s) for which you are requesting relief.

Your current name	Daytime telephone number	Social security number	
Address	City	State	ZIP code

1 Enter the year(s) for which you are requesting relief from liability of tax _____

2 Information about the person to whom you were married as of the end of the year(s) on line 1

Name	Social security number
Address, city, state and ZIP code	Daytime telephone number

- 3 Yes No Did you file a joint return for the year(s) for which you want relief? If, "No," STOP here. You do not qualify for innocent spouse relief.
- 4 Check box if you have been a victim of domestic abuse and fear filing a claim for innocent spouse relief will result in retaliation.
- 5 Yes No Are you legally separated from the person shown above?
- 6 Yes No Are you legally divorced from the person shown above?
- 7 Yes No Have you lived apart from the person shown above at all times during the 12-month period prior to filing this form?
- 8 Yes No Is the person shown above dead?
- 9 Yes No Do you have an understatement of tax for Utah resulting from a change made by the IRS (that is, the IRS determined there is a difference between what is shown on the tax return and the tax that should have been shown)?
- 10 Yes No Is the understatement of tax due to the erroneous items listed by your spouse?
- 11 Yes No Do you have an underpayment of tax (that is, tax is properly shown on your return, but not paid)?
- 12 Yes No Have you filed for innocent spouse relief with the IRS? (attach copies of any correspondence or determinations from the IRS relating to this request)

Other explanations or comments _____

Under penalties of perjury, I declare I have examined this form and any accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

SIGN HERE Paid Preparer Section	Your signature	Date	
	Preparer's signature	Date	Preparer's SSN or PTIN
	Firm name	Preparer's telephone number	Preparer's EIN
	Preparer's address	City	State