

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.

<b>SIGN HERE</b> <b>Paid Preparer Section</b>	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