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# Massachusetts Department of Revenue Form 84 Application for Relief from Joint Income Tax Liability

Names should appear as they did on the joint return for the tax year in question. The Department of Revenue (DOR) is required by law to notify the spouse noted below that you requested this relief. That person will have the opportunity to participate in the process by completing a questionnaire about the tax years you entered below. It is important to enter the correct year; for example, if DOR used your 2017 income tax refund to pay a 2015 joint tax liability enter tax year 2015, not tax year 2017. DOR will not disclose your address, phone numbers, or employer.

refund to pay a 2015 joint tax liability enter	tax year 2015, not tax year 2017. DOR will no	t disclose your address, phone numbers, or employer.
Tax year(s) for which relief is being requested (mm/	dd/yyyy)	
Name of applicant	Social Security number	Phone number
Street address		
City/Town	State Zip	E-mail address
Name of spouse	Social Security number	
Street address		
City/Town	State Zip	
	ons. Attach a statement describing the fact describing the fact describing the fact on a joint return under	s and circumstances demonstrating that you qualify MGL ch 62C, § 84.
		y supporting or related documentation), your applic-
	a) has been issued for the tax year for which st a conference within 30 days after the iss	n you are requesting relief $\bigcirc$ uance date of the NIA. If so, attach this form to your
Attach a copy of the NOA and this applic		ou are requesting relief  onto are requesting relief  onto are requesting on Form ABT. In line 6 write  onto on Form ABT or with a separate written request.
Indicate the reason and amount of your	application.	
$\bigcirc$ Relief from joint income tax liability at	tributable to items omitted from gross incor	ne.
•	excluding penalties and interest)	
O Relief from joint income tax liability at	tributable to a claim or claims of deduction,	exemption, credit or basis.
\$ Amount of relief sought (	excluding penalties and interest)	
Other		
Declaration		
Pursuant to MGL ch 62C, § 84, the applicar of perjury, I declare that I have examined to belief the facts and statements as represe only to the extent specified in the Commissilief is not provided. I acknowledge that DC cation, including without limitation the corof any attachments, with the other person with the other person who filed the joint results.	his form and any accompanying statements a nted therein are true, correct and complete. I ssioner's determination and that I will remain PR will be sharing the fact of this application attents of this form (except your address, pho who filed the joint return. I acknowledge that	ome tax liability as an innocent spouse. Under penalties and documents and to the best of my knowledge and understand that if relief is granted, then it will apply jointly and severally liable for any amounts where reand will be sharing all information related to this appliane numbers, and employer's name) and the contents t DOR will be sharing its decision on this application applicant) is based on all information of which he/she
has knowledge. Signature of applicant		Date
<b>Preparer's signature and attestation.</b> I attest contained in this Form 84 are true and correct	· · ·	lly know/do not know (strike out one) that the statements
Signature of preparer (attach Form M-2848, Power of	of Attorney, if representing applicant) Title	Date

# Form 84 Instructions

# **General Information**

Generally, both you and your spouse are responsible, jointly and individually, for paying tax, interest, or penalties from your joint return. If you believe your current or former spouse should be solely responsible for an erroneous item or underpayment of tax from your joint return, you may be eligible for innocent spouse relief.

# **Application for Relief**

An applicant wishing to apply for relief must submit this form within the time prescribed for challenging an assessment or a proposed assessment under MGL ch 62C §§ 26, 37, and 84. Applicants should attach copies of any federal claim for relief, the federal determination, and the federal tax return. If federal relief was not claimed, please attach a completed U.S. Form 8857. Applicants should also submit any documents or exhibits substantiating this application. The filing of this form will not stay the collection of tax unless or until this application is approved.

## **Application Prior to Assessment**

If an applicant has received a Notice of Intent to Assess (NIA), this application must be received within 30 days following the issuance of the NIA. The applicant is entitled to a conference if one is requested within this 30-day period. If a conference is requested, this application must be attached to the written request. Mail the completed Form 84, the NIA and all attachments to the return address as shown on the NIA.

### **Application After Assessment**

If an applicant has received a Notice of Assessment, this application must be made by filing an Application for Abatement (Form ABT). The applicant must attach this application to Form ABT and write "see attached Form 84" in line 6 of Form ABT. The applicant is entitled to a hearing if one is requested on either Form ABT or separately in writing. Form ABT is available online at mass.gov/dor. Mail the completed Form 84, Form ABT and all attachments to Massachusetts Department of Revenue, PO Box 7058, Boston, MA 02204.

### **Notice of Determination**

A written notice of determination will be issued to the applicant. A grant of relief will only apply to the extent specified in the written determination. The applicant remains jointly and severally liable for any amounts where relief is not granted. Also, the applicant's spouse remains liable for the entire tax determined to be due. If the grant of relief was obtained by false or fraudulent means, the grant of relief is void.