

**Department of Revenue & Taxation
Innocent Spouse Claim Form**

This Claim is for calendar year _____, OR fiscal year ended _____, 19____	
Your first name and initial _____	Last Name _____ Your Social Security No. _____
Spouse's first name and initial _____	Last Name _____ Spouse's Social Security No. _____
Present Home Address (number & Street, including apartment number or rural route) _____	Telephone Number (Optional) _____
City, town or post office, state, and ZIP code. _____	

Income and Deductions		A	B	C
		As Originally reported or as adjusted (See Instructions)	Portion of amount originally reported attributable to your spouse	Portion of amount originally reported attributable to you.
1. Total Income	1			
2. Adjustments to income	2			
3. Adjusted Gross Income (Subtract line 2 from line 1)	3			
4. Itemized Deductions or Standard Deduction	4			
5. Subtract line 4 from line 3	5			
6. Exemptions (See page 2)	6			
7. Taxable Income	7			
8. Tax <i>Prorated share of tax liability reported.</i> (Col. B – line 17B divided by line 17A times line 8a) (Col. C – line 17C divided by line 17A times line 8a)	8			
9. Credits such as Child Care and general business	9			
10. Subtract line 9 from line 8.	10			
11. Other taxes (such as self employment tax, alternative minimum tax etc)	11			
12. Total tax liability (add line 10 and line 11)	12			
13. Income tax withheld	13			
14. Estimated tax payments	14			
15. Earned Income Credit	15			
16. Credit for federal tax paid on fuels, regulated investment company, etc. claimed in Part II)	16			
17. Amount paid with Form 4868, Form 2688, or Form 2350 (Application for extension of time to file)	17			
18. Amount paid with original return, plus additional tax paid after it was filed.	18			
19. Total of lines 13 through 18	19			
20. Overpayment as shown on original return (or as previously adjusted by the Department of Revenue and Taxation)				18
21. AMOUNT YOU CLAIM (Subtract line 19C from line 12C)				19

Under penalties of perjury, I declare that I have filed an original return and that I have examined this claim form, including the accompanying schedules and statements, and to the best of my knowledge and belief this claim form is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date