

REQUEST FOR INNOCENT SPOUSE RELIEF

(Instructions on preceding page)

APPLICANT

NAME OF PERSON MAKING REQUEST		MAILING ADDRESS	
CITY	STATE	ZIP CODE	
DAYTIME TELEPHONE NUMBER ()		ALTERNATE TELEPHONE NUMBER ()	
TAX/FEE ACCOUNT NUMBER		BUSINESS NAME	
DATE BUSINESS STARTED		DATE BUSINESS CLOSED	
DATE YOU LEFT THE BUSINESS	DATE YOU SEPARATED FROM YOUR SPOUSE	DATE YOU DIVORCED YOUR SPOUSE	
DATE OF FIRST CONTACT BY CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION REGARDING YOUR TAX/FEE LIABILITY			

APPLICANT'S FORMER OR SEPARATED SPOUSE OR REGISTERED DOMESTIC PARTNER

NAME		MAILING ADDRESS	
TELEPHONE NUMBER ()	CITY	STATE	ZIP CODE

EXPLANATION

Please explain in the space below why you think you are an innocent spouse. Be as specific as possible. Be sure to discuss the extent of your involvement in the business, the details of your separation and division of assets, and any other factors that show you did not know about the tax/fee liability, receive benefit from the business, or have any involvement in the business during the time the tax/fee became due. If you need more space, use the back of this form or additional paper. Attach photocopies of documents that support your explanation.

SIGNATURE OF APPLICANT	DATE SIGNED
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Please remove along perforation.

Use this side if you need more space to explain why you think you are an innocent spouse. Use additional paper if necessary to fully explain your situation.