

<b>Your current name</b>	<b>Your social security number</b>
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**Note:** If you need more room to write your answer for any question, attach more pages. Be sure to write your name and social security number on the top of all pages you attach.

**b** Describe the abuse you experienced, including approximately when it began and how it may have affected you, your children, or other members of your family. Explain how this abuse affected your ability to question the reporting of items on your tax return or the payment of the tax due on your return. Please attach a written statement, if needed.

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**c** Are you afraid of the person listed on line 6?  
 Yes     No

**d** Does the person listed on line 6 pose a danger to you, your children, or other members of your family?  
 Yes     No

**To properly evaluate your claim, please attach copies of documentation you may have, for example:**

- Protection and/or restraining order;
- Police reports;
- Medical records, including those of therapists or counselors;
- Doctor's report or letter;
- Injury photographs;
- A statement from someone who was a victim of or witnessed the abuse or the results of the abuse; and
- Any other documentation you may have.

**Part VI Additional information**

**24** Please provide any other information you want us to consider from the years that this form is about or any other years during which you filed a joint return with the person you listed on line 6 in determining whether it would be unfair to hold you liable for the tax.

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**Part VII Tell us if you would like a refund.**

**25** By checking this box and signing this form, you are indicating that you would like a refund if you qualify for relief and if you already paid the tax. See instructions . . . . .

**Reminder:** Please attach the *complete copy* of any document requested or that you otherwise believe will support your request for innocent spouse relief.

**Caution:**  
 By signing this form, you understand that, by law, we must contact the person on line 6. See instructions for details.

**Sign Here**

Under penalties of perjury, I declare that 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy for your records.	Your signature	Date	
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**Paid Preparer Use Only**

Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Print/Type preparer's name			
Firm's name ▶	Firm's EIN ▶		
Firm's address ▶	Phone no.		