

Massachusetts Department of Revenue

Form M-12508

Massachusetts Questionnaire for Non-Requesting Spouse

This questionnaire involves sensitive subjects. The Department of Revenue (DOR) needs the information to evaluate the circumstances of the claim and determine whether relief is warranted. If the form is not completed and returned, the claim will be determined from other information available to us. The non-requesting spouse who is submitting this completed questionnaire acknowledges that DOR will be sharing all information submitted in this questionnaire (as well as any related tax information) with the applicant who is seeking relief from joint tax liability, that is, the other person who filed the joint return. Keep a copy of the completed form for your records. Mail to Massachusetts Department of Revenue, Office of Appeals, PO Box 9551, Boston, MA 02114-9551 or fax to 617-626-3349. For further information call DOR at 617-626-3300.

1 Your current nar	me	Social Security number	Daytime phone number
Your current home	address	City/Town	State Zip
2 Current status o	of the marriage for which relief is request	ed (complete one only):	N. A
O Married and I	living together		
O Married, living	g apart since (mm/dd/yyyy)		
O Legally separ	rated since (mm/dd/yyyy)		
O Divorced sind	ce (mm/dd/yyyy)		() (A)
O Widowed sine			
		es does not necessarily mean that individual	will qualify for relief.
	nancial information.	lude your name and Social Security number a	at the top of all attached pages.
		s for the period for which relief is requested (complete	Y - 1
YOU OTHER PAR			co all that apply).
0 0	Prepared or helped prepare the	e returns	
0 0	Gathered receipts and cancelle		A
0 0	Gave tax documents (e.g., W-2	2s, 1099s) to the person who prepared the re	turns
0 0	· -	ed the returns to explain any items or amounts	
0 0	Reviewed the returns before fil		
0 0	Did not review the returns before	ore filing	
0 0	Was not involved with preparin		
0 0	Other		
Explain any respor	nses that are not the same for all years in	n dispute; and/or provide additional information to re	esponses:
			
4 When the return	ns were filed, were any amounts owed to	DOR?	
○ Yes ○ No. I	If Yes, explain how the amounts we	re to be paid:	
5 When the return	ns were filed was your then spouse awar	e of any financial problems you were having?	
○ Yes ○ No	Do not know. If Yes, explain:		





Your c	urrent name		Social Security number	Daytime phone number
6 For	those years, w	hat kinds of accounts did you have? Fill in all tha	at apply. Explain if the answers a	are not the same for all the years:
JOINT	SEPARATE			
\circ	\circ	Checking or money market		
\bigcirc	\circ	Savings or certificate of deposit		
How d	id that individu	al use those accounts? Fill in all that apply:		
JOINT	SEPARATE			2024.
\bigcirc	\circ	Made deposits		
\bigcirc	\bigcirc	Reviewed bank statements or balanced	checkbook	
\bigcirc	\circ	Paid bills		
\bigcirc	\circ	Knew how much money was in the acco	ount	
\bigcirc	\circ	Made withdrawals from the account		
\circ	\circ	Did not know about the account		
		Did not use the account	X	N. 4
Ō	Ō	Was not involved in handling money for	the household	OK.
Explair	any response	es that are not the same for all years; and/or prov		nonses:
Explair	rany reopenee	so that are not the same for an years, and or pro-	ndo additional information to roo	politicos.
				(V)
7 Did	you ever trans	fer assets to the other party (e.g., put something	of value, such as real estate or	stocks, in other party's name)?
		es, list assets and dates of transfer, and e		
	0 0 110. 11	es, not addite and dates of transfer, and o	Apiani miy according trait	ordina.
			<u> </u>	
				O'
8 Wer	e you self-emp	oloyed during period(s) for which relief is request	ed?	
		es, explain how other party was involved		
		/.		\ /:
			· () ·	
9 Evn	lain any items	(e.g. unreported income disallowed deductions	unclaimed credits) that were ch	nanged due to an audit covering period(s) for which relief is requested,
		nged items were yours or the other party's:	disclaimed credits) that were cr	tanged due to an addit covering belied(s) for which relief is requested,
		· / · / · / ·		<u> </u>
		. 4		
10 If a	audit results ch	anged business income or deductions, was the	other party involved in your busi	ness?
○ Ye	s O No. If Y	es, explain how:		
		F S S S S S S S S S S S S S S S S S S S		
D:4 #	oth ou is site.	novy chout vous husiness		
		now about your business?		
<u></u> ○ Ye	s \bigcirc No. If \bigcirc	es, explain how:		



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our current name	Social Security number	Daytime phone number
	ion, car or jewelry paid for by unreported income) from any ite	ms changed due to audit that were yours?
Yes ONo. If Yes, explain:		
2 Supply any other information you would like	DOR to consider:	
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nder penalties of perjury, I declare that	t I have read all of the contents of this Form M-1250	08 and to the best of my knowledge the information
have provided is true, correct and com our signature	ipiete.	Date
our signature		Date