

Illinois Department of Revenue



IL-8857 Request for Innocent Spouse Relief

Read this information first

To request innocent spouse relief for your Illinois Individual Income Tax liability, you must file this form even if you filed federal Form 8857, Request for Innocent Spouse Relief, with the Internal Revenue Service (IRS). You must file a separate Form IL-8857 and an Allocation of Liability Worksheet for each year you are seeking innocent spouse relief.

St	tep 1: Provide the following informatio	n			
1	Your name	4	Your Social Security number		
			Tour Social Security number		
2	Your street address	5	Your daytime telephone number		
2			. F	40 4 10 . 10	t !! - f0
3	Your city, state, ZIP	C	For what tax year are you requ A separate IL-8857 is required for Attach a copy of your federal a forms, and attachments for the y	r each year you a nd Illinois Incom	are requesting relief. Tax returns, W-2
St	tep 2: Provide the following information	า abc	out the person to wh	om you w	ere married
7		10)		
	Name		Social Security number		
a		11	<u> </u>		
Ü	Street address	_ ''	Place of employment/address		
9					
J	City, state, ZIP	_			
	Have you filed federal Form 8857 with the IRS for the tax year prior to filing this request with us? If you answered "Yes," you must attach a copy of that form, all a review, and any IRS determination.			Yes 🗌	No 🗆
13	Since the tax liability arose, did you or your spouse transfer any assets for which you did not receive full value in payment? See instructions.			Yes 🗆	No 🗆
14	 a Is this request for a tax year ending before August 13, 1999? b Did you pay the entire tax liability for that tax year prior to August 13, 1999? See instructions. If you answered "Yes" to both 14 a and b, answer questions 15 and 16. Otherwise, skip to Step 4. 				No □ No □
15	For the tax year that you are requesting relief, is there a difference between the total amount of tax that should have been shown on the return and the amount of tax that was actually shown?			Yes 🗆	No 🗆
16	Did you know that the tax was understated at the time you signed the joint return?			Yes 🗆	No 🗆
St	tep 4: Explain your request				
17	Explain why you are not responsible for the tax liability for the t	tax year	identified on Line 6. Attach add	itional sheets if	needed.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Step 5: Complete the Allocation of Liability Worksheet

18 Complete the Allocation of Liability Worksheet for the tax year you are requesting innocent spouse relief.a Did you file a joint federal return before an assessment by the IRS?b Did you file a joint Illinois return before an assessment by the Illinois Department of Revenue (IDOR)?

Yes 🗌	No \square	
Yes 🗆	No \square	

You must read the instructions for Step 5 before completing the Allocation of Liability Worksheet.

Allocation of Liability Worksheet - Page 1 Column C Column A Column B Joint return Your portion Your spouse's portion Allocate income items 1 Wages, salaries, tips, etc. 2 Taxable interest 3 Ordinary dividends 4 Taxable refunds, credits, or offsets of state/local income tax 5 Alimony received 6 Business income or loss 7 Capital gain or loss 8 Other gains or losses 9 Taxable IRAs 10 Pensions and annuities 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 12 Farm income or loss 13 Unemployment compensation 14 Taxable Social Security benefits 15 Other income 16 Add Lines 1 through 15. Total income Allocate deduction items 17 Educator expenses 18 Business expenses of reservists, performing artists, and fee-basis government officials 19 Health savings account deduction 20 Moving expenses for members of the Armed Forces 21 Deductible part of self-employment tax 22 Self-employed (SEP), SIMPLE, and qualified plans 23 Self-employed health insurance deduction 24 Penalty on early withdrawal of savings 25 Alimony paid 26 IRA deduction 27 Student loan interest deduction 28 RESERVED 29 Archer MSA deduction 30 Other adjustments 31 Add Lines 17 through 30. Total deductions 32 Subtract Line 31 from Line 16. Adjusted gross income Allocate Illinois additions, subtractions, and income 33 Federally tax-exempt interest and dividend income 34 Other additions from Schedule M 35 Add Lines 32 through 34. Total Illinois income 36 Federally-taxed Social Security and retirement income 37 Illinois Income Tax overpayment on fed. Form 1040, Sch.1, Line 1 38 Other subtractions from Schedule M 39 Add Lines 36 through 38. Total Illinois subtractions 40 Subtract Line 39 from Line 35. Illinois base income 41 Allocate income to Illinois. See instructions.

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	Column A Joint return	Column B Your portion	Column C Your spouse's portion
42 Illinois income from Line 41			
Allocate Illinois exemptions and tax			
43 Exemptions. See instructions.			
44 Subtract Line 43 from Line 42. Illinois net income			
This amount cannot be less than zero.			
45 Multiply Line 44 by the income tax rate. See			
instructions. Illinois Income Tax			
46 Recapture of investment tax credits from Schedule 4255			
47 Add Lines 45 and 46. Total Tax			
Allocate Illinois nonrefundable credits and other taxe	es		
48 Income tax paid to another state from Schedule CR			
49 Illinois Property Tax and K-12 education expense			
credit amount from Schedule ICR			
50 Credit from Schedule 1299-C51 Add Lines 48 through 50. Nonrefundable credits			
52 Subtract Line 51 from Line 47			
53 Household employment tax			
54 Use tax on internet, mail order, out-of-state purchases			
55 Medical Cannabis Program Act and sale of assets			
by gaming licensee surcharges			
56 Add Lines 52, 53, 54, and 55. Tax after nonrefundable			
credits and other taxes			
57 Total charitable donations from Schedule G			
58 Add Line 56 and Line 57. Total liability			
Correction of erroneous items			
59 Erroneous items of income and deductions. List and			
identify on Page 4.			
60 Corrections to exemption allowance			
61 Add Lines 59 and 60.			
62 Multiply Line 61 by the income tax rate. See instructions.			
63 Erroneous credits. List and identify on Page 4.			
64 Add Lines 62 and 63. Total corrections to tax			
Penalties			
65 a Late-filing penalty			
b Late-payment for unpaid tax penalty			
c Late-payment for underpayment of estimated tax penalty			
d Other (specify)			
66 Add Lines 65a through 65d. Total penalties			
67 Add Lines 58, 64, and 66. Total liability			
Payments and refundable credit			
68 Illinois Income Tax withheld			
69 Estimated tax payments			
70 Pass-through withholding payments			
71 Pass-through entity tax credit			
72 Earned Income Credit from Schedule IL-E/EIC			
73 Payments made with return			
74 Payments made after return was filed			
75 Add Lines 68 through 74. Total payments			
76 Refunds received			
77 Subtract Line 76 from Line 75. Net payments			
Net overpayment or underpayment			
78 Subtract Line 77 from Line 67.			
79 Add Lines 64 and 66. Net overpayment or underpayment			
attributable to erroneous items - 20 Compare Lines 79 and 70 See instructions			
80 Compare Lines 78 and 79. See instructions.			

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Step 6: Complete the Erroneous Items Worksheet



Complete the Erroneous Items Worksheet if you or your spouse reported erroneous items of income and deductions on Line 59 or erroneous credits on Line 63.

Erroneous Items Worksheet Line 59: Erroneous income and deduction items List the corrections to your erroneous income and deduction items separately and identify each item. Enter corrections that decrease your income as negative amounts.					
a					
b					
c					
d					
\$	Total corrections to erroneous income and deduction items. Enter this amount on Line 59.				
Line 63: Erroneous credit items List the corrections to your erroneous negative amount.	s credit items separately and identify each item. Enter corrections that decrease the credits as a				
Corrections to erroneous item	Identify your erroneous item				
a					
b					
c					
d					
\$	Total corrections to erroneous credit items. Enter this amount on Line 63.				
Step 7: Sign below					
nder penalties of perjury, I state that I ha	ave examined this form, and, to the best of my knowledge, it is true, correct, and complete.				
ur signature	Daytime phone number Date				
Mail to: ILLINOIS DEPARTMENT OF	REVENUE				

Mail to: ILLINOIS DEPARTMENT OF REVENUE PROBLEMS RESOLUTION DIVISION PO BOX 19014 SPRINGFIELD IL 62794-9014

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