

Injured Spouse Allocation

OMB No. 1545-0074

► See instructions.

Attachment
Sequence No. **104**

Part I Should you file this form? You must complete this part.

- 1 Enter the tax year for which you are filing this form. ► _____ Answer the following questions for that year.
- 2 Did you (or will you) file a joint return?
☐ **Yes.** Go to line 3.
☐ **No. Stop here.** Do not file this form. You are not an injured spouse.
- 3 Did (or will) the IRS use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse? (see instructions)
• Federal tax • State income tax • Child support • Spousal support • Federal nontax debt (such as a student loan)
☐ **Yes.** Go to line 4.
☐ **No. Stop here.** Do not file this form. You are not an injured spouse.
Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spouse relief for the year to which the overpayment was applied. See *Innocent Spouse Relief*, in the instructions for more information.
- 4 Are you legally obligated to pay this past-due amount?
☐ **Yes. Stop here.** Do not file this form. You are not an injured spouse.
Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spouse relief for the year to which the overpayment was applied. See *Innocent Spouse Relief*, in the instructions for more information.
☐ **No.** Go to line 5.
- 5 Were you a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin) at any time during the tax year entered on line 1? (see instructions)
☐ **Yes.** Enter name(s) of community property states(s) _____.
Skip lines 6 through 9 and **go to Part II** and complete the rest of this form.
☐ **No.** Go to line 6.
- 6 Did you make and report payments, such as federal income tax withholding or estimated tax payments?
☐ **Yes.** Skip lines 7 through 9 and **go to Part II** and complete the rest of this form.
☐ **No.** Go to line 7.
- 7 Did you have earned income, such as wages, salaries, or self-employment income?
☐ **Yes.** Go to line 8.
☐ **No.** Skip line 8 and go to line 9.
- 8 Did (or will) you claim the earned income credit or additional child tax credit?
☐ **Yes.** Skip line 9 and **go to Part II** and complete the rest of this form.
☐ **No.** Go to line 9.
- 9 Did (or will) you claim a refundable tax credit (see instructions)?
☐ **Yes. Go to Part II** and complete the rest of this form.
☐ **No. Stop here.** Do not file this form. You are not an injured spouse.

Part II Information About the Joint Tax Return for Which This Form Is Filed

- 10 Enter the following information exactly as it is shown on the tax return for which you are filing this form.
The spouse's name and social security number shown first on that tax return must also be shown first below.
- | | | |
|---|-------------------------------------|--|
| First name, initial, and last name shown first on the return | Social security number shown first | If Injured Spouse, check here ► <input type="checkbox"/> |
| First name, initial, and last name shown second on the return | Social security number shown second | If Injured Spouse, check here ► <input type="checkbox"/> |
- 11 Check this box only if you are divorced or legally separated from the spouse with whom you filed the joint return and you want your refund issued in your name only ☐
- 12 Do you want any injured spouse refund mailed to an address different from the one on your joint return? ☐ **Yes** ☐ **No**
If "Yes," enter the address.

Number and street

City, town, or post office, state, and ZIP code

Part III Allocation Between Spouses of Items on the Joint Tax Return (see instructions)

Allocated Items	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
13 Income: a. Wages			
b. All other income			
14 Adjustments to income			
15 Standard deduction or Itemized deductions			
16 Number of exemptions			
17 Credits (do not include any earned income credit)			
18 Other taxes			
19 Federal income tax withheld			
20 Payments			

Part IV Signature. Complete this part only if you are filing Form 8379 by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or 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.

Paid Preparer Use Only	Keep a copy of this form for your records	Injured spouse's signature	Date	Phone number (optional)
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ►	Firm's EIN ►		
	Firm's Address ►	Phone no.		