Form **8379**(Rev. November 2023) Department of the Treasury Internal Revenue Service

Injured Spouse Allocation

OMB No. 1545-0074

Go to www.irs.gov/Form8379 for instructions and the latest information.

Attachment Sequence No. **104**

| | Should fou file this form: You must complete this pa | | | | | | | |
|--|--|--|--------------------|--|--|--|--|--|
| | 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 spous | se. | | | | | | |
| 3 | | d (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. | ion a Child augment | | | | | | |
| | Federal tax State income tax State unemployment compensat Spousal support Federal nontax debt (such as a student loan) | ion • Criiia support | | | | | | |
| | | | | | | | | |
| | 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 federal tax liability owed by b spouse relief for the year to which the joint overpayment was (or w instructions. | | | | | | | |
| 4 | Are you legally obligated to pay this past-due amount? | | | | | | | |
| | Yes. Stop here. Do not file this form. You are not an injured spous | se. | | | | | | |
| | Note: If the past-due amount is for a federal tax liability owed by both you and your spouse, you may qualify for innocer | | | | | | | |
| spouse relief for the year to which the joint overpayment was (or will be) applied. See <i>Innocent Spouse Relief</i> in the instructions. | | | | | | | | |
| | □ No. Go to line 5. | | | | | | | |
| 5 | Were you a resident of a community property state at any time during | the tax year entered on line 1? S | See instructions. | | | | | |
| • | ☐ Yes. Enter the name(s) of the community property state(s) | the tax year emerca en me in c | | | | | | |
| | Skip lines 6 through 9. Go to Part II and complete the rest of this | form | | | | | | |
| | No. Go to line 6. | ioiii. | | | | | | |
| 6 | Did you make and report payments, such as federal income tax withh | olding or estimated tax payment | 2 | | | | | |
| U | | | 5: | | | | | |
| | Yes. Skip lines 7 through 9 and go to Part II and complete the rest of this form. No. Go to line 7. | | | | | | | |
| 7 | | ment income? | | | | | | |
| 1 | Did you have earned income, such as wages, salaries, or self-employs | ment 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 | | | | | | | |
| | Yes. Skip line 9 and go to Part II and complete the rest of this for | m. | | | | | | |
| | 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 spous | Se. | | | | | | |
| Pai | t II Information About the Joint Return for Which This Fo | rm Is Filed | | | | | | |
| 0 | Enter the following information exactly as it is shown on the tax return | | | | | | | |
| | The spouse's name and social security number shown first on that tax | | | | | | | |
| | First name, initial, and last name shown first on the return | Social security number shown first | If injured spouse, | | | | | |
| | | | check here | | | | | |
| | First name, initial, and last name shown second on the return | Social security number shown second | If injured spouse, | | | | | |
| | | | check here | | | | | |
| Check this box only if you want your refund issued in both names. Otherwise, separate refunds will be issued for each | | | | | | | | |
| spouse, if applicable | | | | | | | | |
| | | | _ | | | | | |
| 2 | Do you want any injured spouse refund mailed to an address different from the one on your joint return? | | | | | | | |
| | | | | | | | | |
| | Number and street City, town or post office, state, and ZIP code | | | | | | | |

Form 8379 (Rev. 11-2023)

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| Part III | Allocation Between Spouses of Item | ns on the Joint R | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Allocated Items | | (a) Amount shown | (b) A | Allocated 1 | to (c) | Allocated to | |
| | (Column (a) must equal columns (b) | + (c)) | on joint return | inju | red spous | e otl | ner spouse | |
| 13 Inco | me: a. Income reported on Form(s) W | -2 | | | | | | |
| | b. All other income | | | | | | | |
| 14 Adju | stments to income | | | | | | | |
| 15 Stan | dard deduction or itemized deductions | | | | | | | |
| 16 Nonr | refundable credits | | | | | | | |
| 17 Refu | Refundable credits (do not include any earned income credit) | | | | | | | |
| 18 Othe | r taxes | | | | | | | |
| 19 Fede | eral income tax withheld | | | | | | | |
| 20 Payn | nents | | | | | | | |
| Part IV | Signature. Complete this part only | if you are filing F | form 8379 by itself | and no | t with yo | ur tax retur | n. | |
| | Ities of perjury, I declare that I have examined they are true, correct, and complete. Declarate | | | | | | | |
| Keep a copy this form fo your records | f Injured spouse's signature | | | Date | | Phone numb | Phone number | |
| Paid | Print/Type preparer's name | Preparer's signature | | Date | | Check if self-employed | PTIN | |
| Prepare | Financia | 1 | | 1 | Firm's EIN | . , | 1 | |
| Use Onl | Firm's address | | | Phone no. | Phone no. | | | |
| | | | | | | Form 83 | 79 (Rev. 11-2023) | |