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## **Injured Spouse Allocation**

OMB No. 1545-0074

Form	03/3			OMB No. 1545-0074			
Depar	February 2015) tment of the Treas al Revenue Service	▶ Information about Form 8379 and its separate in	structions is at www.irs.gov/form837	9. Attachment Sequence No. 104			
		Id You File This Form? You must complete this					
		year for which you are filing this form. ► An	swer the following questions for tha	t year.			
2	2	ill you) file a joint return?					
	🗌 Yes. Go	o line 3.					
	🗌 No. Sto	<b>b here.</b> Do not file this form. You are not an injured spo	ouse.				
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 you						
	spouse? (see instructions)						
		State income tax • State unemployment compensat	ion • Child support • Spousal supp	ort			
		itax debt (such as a student loan)					
	<b>Yes.</b> Go						
		<b>b here.</b> Do not file this form. You are not an injured spo					
		e past-due amount is for a joint federal tax, you may c ent was (or will be) applied. See <i>Innocent Spouse Relie</i>		-			
4		ly obligated to pay this past-due amount?		nation.			
		<b>b here.</b> Do not file this form. You are not an injured spo	ouse				
		e past-due amount is for a joint federal tax, you may c		the year to which the			
		ent was (or will be) applied. See Innocent Spouse Relie					
	<b>No.</b> Go						
5a	Were you a r	esident of a community property state at any time duri	ng the tax year entered on line 1? (s	ee instructions)			
	<b>Yes.</b> Ent	r the name(s) of the community property state(s)					
	Go to line	5b					
	🗌 No. Skip	line 5b and go to line 6.					
b		ed "Yes" on line 5a, was your marriage recognized un	der the laws of the community prop	erty state(s)? (see			
	instructions)						
		lines 6 through 9. Go to Part II and complete the rest	of this form.				
-	No. Go			•			
6	-	and report payments, such as federal income tax with		5?			
		lines 7 through 9 and <b>go to Part II</b> and complete the	rest of this form.				
-	<b>No.</b> Go						
1	<b>Yes.</b> Go	earned income, such as wages, salaries, or self-emplo	byment income?				
8	No. Skip line 8 and go to line 9. Did (or will) you claim the earned income credit or additional child tax credit?						
0	· / ·	line 9 and <b>go to Part II</b> and complete the rest of this f					
	<b>No.</b> Go						
9	<ul> <li>Did (or will) you claim a refundable tax credit? (see instructions)</li> </ul>						
-	<b>Yes. Go to Part II</b> and complete the rest of this form.						
		<b>here.</b> Do not file this form. You are not an injured spo	ouse.				
		nation About the Joint Tax Return for Which T					
10		owing information exactly as it is shown on the tax retu					
		name and social security number shown first on that					
	First name, init	al, and last name shown first on the return	Social security number shown first	If Injured Spouse, check here ►			
	First name init	al, and last name shown second on the return	Social security number shown second	If Injured Spouse,			
	, ii 5t name, ii iit	a, and has hare shown south on the return		check here ►			

11 Check this box only if you want your refund issued in both names. Otherwise, separate refunds will be issued for each spouse, if applicable.

## 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

0270

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Part III Allocation Between Spouses of Items on the Joint Tax Return (See the separate Form 8379 instructions for Part III.)									
	Allocated Items	(a) Amount shown	(b) Allocated to	(c) Allocated to					
	(Column <b>(a)</b> must equal columns <b>(b)</b> + <b>(c)</b> )	on joint return	injured spouse	other spouse					
<b>13</b> In	ncome: <b>a.</b> Income reported on Form(s) W-2								
	<b>b.</b> All other income								
<b>14</b> A	djustments to income								
<b>15</b> S	tandard deduction or Itemized deductions								
<b>16</b> N	lumber of exemptions								
<b>17</b> C	credits ( <b>do not</b> include any earned income credit)								
<b>18</b> O	ther taxes								
<b>19</b> F	ederal income tax withheld								
<b>20</b> P	ayments								
Part I	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.

Keep a copy of this form for your records	Injured spouse's signature		Date		Phone numb	er
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN
Preparer Use Only	Firm's name			Firm's EIN ►		
	Firm's address ►			Phone no.		

Form 8379 (Rev. 2-2015)