



# DC-8379 Injured Spouse Allocation

SOFTWARE DEVELOPER USE ONLY VENDOR 9999

## Information About the Tax Return for Which This Form is Filed

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 taxpayer identification number shown first on that tax return must also be shown first below.

First name, initial, and last name shown first on the return XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number shown first 999999999	If Injured Spouse, mark here <input checked="" type="checkbox"/>
First name, initial, and last name shown second on the return XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number shown second 999999999	If Injured Spouse, mark here <input checked="" type="checkbox"/>
Mailing address (number, street and suite/apartment number if applicable) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State XX	ZIP Code+4 999999999

## Part I Should You File This Form? You must complete this part.

- Enter the tax year for which you are filing this form. 9999 Answer the following questions for that year.
- Did you (or will you) file a joint return or are you married/registered domestic partners filing separately on the same return?  
 **Yes.** Go to Line 3.  
 **No. Stop here.** Do not file this form. You are not an injured spouse.
- Did (or will) DC use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse?  
 \* DC income tax \* DC unemployment compensation \* Child support \* DC tickets and traffic penalties \* federal income tax  
 \* federal student loans  
 **Yes.** Go to Line 4.  
 **No. Stop here.** Do not file this form. You are not an injured spouse.
- Are you legally obligated to pay this past-due amount?  
 **Yes. Stop here.** Do not file this form. You are not an injured spouse.  
 **No.**
- Did you make and report payments, such as DC income tax withholding or estimated tax payments?  
 **Yes.** Skip Line 6 and go to **Part II** and complete the rest of this form.  
 **No.** Go to Line 6.
- Did you have earned income, such as wages, salaries, or self-employment income?  
 **Yes.** Go to part II and complete the rest of the form.  
 **No.** Stop Here. Do not file this form. You are not an injured spouse.



Enter your last name XXXXXXXXXXXXXXXXXXXX
Enter your TIN 999999999

Part II Allocation Between Spouses of Items on the Tax Return (See the separate DC Form 8379 instructions for Part II).

Table with 5 columns: Allocated Items (Column (a) must equal columns (b) +(c)), Mark if loss, (a) Amount shown on joint return, Mark if loss, (b) Allocated to injured spouse, Mark if loss, (c) Allocated to other spouse. Rows include Federal adjusted gross income, Total additions to federal adjusted gross income, Add Line 7 and Line 8, Total subtractions from federal adjusted gross income, DC adjusted gross income, Deduction amount, DC taxable income, Tax, Total refundable and/or non-refundable credits, DC estimated tax payments, DC withholding tax paid.

Part III Signature.

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.

Signature section with fields for Injured spouse's signature, Date, Phone number, Preparer's name, Preparer's signature, Date, Mark if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone number.