



DC-8379 Injured Spouse Allocation

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 9999

Information about DC-8379 and its separate instructions is at MyTax.DC.gov

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 XX	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 XX	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) XX			
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 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 **XXXXXXXXXXXXXXXXXXXXX**
 Enter your TIN **99999999**

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

	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
7	Federal adjusted gross income	X	999999999.00	X	999999999.00	X	999999999.00
8	Total additions to federal adjusted gross income		999999999.00		999999999.00		999999999.00
9	Add Line 7 and Line 8	X	999999999.00	X	999999999.00	X	999999999.00
10	Total subtractions from federal adjusted gross income		999999999.00		999999999.00		999999999.00
11	DC adjusted gross income (subtract Line 10 from Line 9)	X	999999999.00	X	999999999.00	X	999999999.00
12	Deduction amount		999999999.00		999999999.00		999999999.00
13	DC taxable income. Subtract Line 12 from Line 11.	X	999999999.00	X	999999999.00	X	999999999.00
14	Tax. If Line 19 is \$100,000 or more use Calculation I		999999999.00		999999999.00		999999999.00
15	Total refundable and/or non-refundable credits excluding earned income		999999999.00		999999999.00		999999999.00
16	DC estimated tax payments		999999999.00		999999999.00		999999999.00
17	DC withholding tax paid		999999999.00		999999999.00		999999999.00

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.

Keep a copy of this form for your records.	Injured spouse's signature		Date	Phone number	
			99999999	9999999999	
Paid Preparer Use Only	Print/Type preparer's name		Date	Mark if self-employed	PTIN
	Preparer's signature		99999999	X	999999999
	Firm's name		Firm's EIN		
	XX		99999999		
Firm's address		Phone number			
9999XX		9999999999			