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Form **8379** (Rev. November 2023)

Department of the Treasury

Injured Spouse Allocation

OMB No. 1545-0074

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

Attachment Sequence No. **104**

Internal Revenue Service 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
State unemployment compensation
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 federal tax liability owed by both you and your spouse, you may qualify for innocent spouse relief for the year to which the joint overpayment was (or will be) applied. See Innocent Spouse Relief in the 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 spouse. Note: If the past-due amount is for a federal tax liability owed by both you and your spouse, you may qualify for innocent spouse relief for the year to which the joint overpayment was (or will be) applied. See Innocent Spouse Relief 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? See instructions. Yes. Enter the name(s) of the community property state(s) Skip lines 6 through 9. 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. Information About the Joint Return for Which This Form Is Filed Part II 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 First name, initial, and last name shown second on the return Social security number shown second If injured spouse, 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 If "Yes," enter the address. If a foreign address, see instructions.

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

Form 8379 (Rev. 11-2023)

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Part III A	Allocation Between Spouses of Item	s on the Joint R	<u> </u>		
	Allocated Items		(a) Amount shown	(b) Allocated	d to (c) Allocated to
	(Column (a) must equal columns (b)	+ (c))	on joint return	injured spot	use other spouse
13 Incom	e: a. Income reported on Form(s) W-	-2			
	b. All other income				
14 Adjust	ments to income	SI	IRY		RS
4E Ctond	ard deduction or itemized deductions				
15 Standa	ard deduction or itemized deductions				
16 Nonre	fundable credits				
17 Refund	dable credits (do not include any earned	I income credit)			
18 Other	taxes				
19 Federa	al income tax withheld				_
20 Payme		Y	JKA		
Part IV	Signature. Complete this part only	if you are filing F	orm 8379 by itself a	and not with y	our tax return.
	es of perjury, I declare that I have examined bey are true, correct, and complete. Declaration				
Keep a copy of this form for your records	Injured spouse's signature	5	J. Z	Date	Phone number
Paid Preparer	Print/Type preparer's name	Preparer's signature	7	Date	Check if self-employed
Use Only	Firm's name			Firm's El	N
OSE OINS	Firm's address			Phone no	D.
	DUI				Form 8379 (Rev. 11-2023)