Form (Rev. November 2023) Department of the Treasury Internal Revenue Service Should You File This Fo Part I

8379	Injured Spouse Allocation	OMB No. 1545-0074			
ev. November 2023) partment of the Treasury	Go to www.irs.gov/Form8379 for instructions and the latest information.	Attachment			
ernal Revenue Service		Sequence No. 104			
art I Should You File This Form? You must complete this part.					
1 Enter the tax ye	ar for which you are filing this form Answer the following questions for that year.				
2 Did you (or will y	/ou) file a joint return?				
🗌 Yes. Go to I	ine 3.				
🗌 No. Stop h	ere. 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 gualify 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, check here		
11	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 differen If "Yes," enter the address. If a foreign address, see instructions.	t from the one on your joint returr	n? 🗌 Yes	🗆 No	

Number and street	City, town or	post office, state, and ZIP code	
For Paperwork Reduction Act Notice, see separate	instructions.	Cat. No. 62474Q	Form 8379 (Rev. 11-2023)

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Par	t III Allocation Between Spouses of Items on the Joint R	eturn. See the separa	te Form 8379 instruc	tions for Part III.
	Allocated Items	(a) Amount shown	(b) Allocated to	(c) Allocated to
	(Column (a) must equal columns (b) + (c))	on joint return	injured spouse	other spouse
13	Income: a. Income reported on Form(s) W-2			
	b. All other income			
14	Adjustments to income			
15	Standard deduction or itemized deductions			
16	Nonrefundable credits			
17	Refundable credits (do not include any earned income credit)			
18	Other taxes			
19	Federal income tax withheld			
20	Payments			
Par	t IV Signature. Complete this part only if you are filing I	orm 8379 by itself a	nd not with your ta	x 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	per
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		
Use Only	Firm's address			Phone no.		

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