Form **8379**(Rev. November 2023) Department of the Treasury Internal Revenue Service

Injured Spouse Allocation

OMB No. 1545-0074

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

Attachment Sequence No. **104**

Pai	Should You File This Form? You must complete this pa	art.							
1	Enter the tax year for which you are filing this form . Answe	er the following questions for that	year.						
	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 spous								
3	d (or will) the IRS use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your								
•	pouse? 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 spous	se.							
	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 w 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 spous	se.							
	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 <i>Innocent Spouse Relief</i> in the								
	instructions.								
	No. Go to line 5.								
	Were you a resident of a community property state at any time during	the tax year entered on line 1? S	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.								
	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 spous	Se.							
) o r	t II Information About the Joint Return for Which This Fo	wee to Filed							
U	Enter the following information exactly as it is shown on the tax return The spouse's name and social security number shown first on that tax	, ,							
	First name, initial, and last name shown first on the return	Social security number shown first	If injured spouse,						
	That Harre, initial, and last Harre shown has on the return	Coolar Scourty Harriser Shown hist	check here						
	First name, initial, and last name shown second on the return	Social security number shown second	If injured spouse,						
		Coolai occani, named onem coccina	check here						
1	Check this box only if you want your refund issued in both names. Other	issued for each							
	pouse, if applicable								
	• •								
2	o you want any injured spouse refund mailed to an address different from the one on your joint return?								
	Number and street City, town or post office, state, and ZIP code								

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Part III	Allocation Between Spouses of Ite	ms on the Joint R	eturn. See the separa	ate Forn	n 8379 ins	tructions fo	r Part III.	
	Allocated Items		(a) Amount shown	(b) /	Allocated t	o (c) A	Allocated to	
	(Column (a) must equal columns ((b) + (c))	on joint return	inju	red spous	e oth	ner spouse	
13 Incor	me: a. Income reported on Form(s)	W-2						
	b. All other income							
14 Adjus	stments to income							
15 Stan	dard deduction or itemized deductions							
16 Nonr	efundable credits							
17 Refu	ndable credits (do not include any earn	ed income credit)						
18 Othe	rtaxes							
19 Fede	ral income tax withheld							
00 D								
	Part IV Signature. Complete this part only if you are filing Form 8379 by itself and not with your tax return.							
Part IV	Signature. Complete this part on	ly if you are filling F	orm 8379 by itself a	and no	t with you	ır tax retur	n.	
	Ities of perjury, I declare that I have examine							
and beller, i knowledge.	they are true, correct, and complete. Decla	ration of preparer (oth	er man taxpayer) is bas	ed on a	i iniomialio	on or which p	reparer has any	
Keep a copy	of Injured spouse's signature			Date		Phone numb	er	
this form for	, , ,			Date		T Hono Hamb	OI .	
your records	Print/Type preparer's name	Preparer's signature		Date			PTIN	
Paid	Time Type proparer of fame	Troparor o digitataro		Date		Check if self-employed		
Prepare:					Firm's EIN	seii-empioyed		
Use Only	Firm's name							
	Firm's address Phone no.			Form 83'	79 (Rev. 11-2023			
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