

Alabama Department of Revenue Injured Spouse Allocation SEE INSTRUCTIONS

PART I – Should you file this form? You must complete this part.									
1 Enter the tax year for which you are filing this form.									
2 Did you (or will you) file a joint return?									
Yes. Go to line 3.									
<b>No. Stop here.</b> Do not file this form. You are not an injured spouse.									
	3 Did (or will) the Alabama Department of Revenue use the joint overpayment to pay any of the Alabama income tax legally enforceable past due								
debt(s)	debt(s) owed only by your spouse? (See instructions)								
	<b>Yes.</b> Go to line 4.								
	No. Stop here. Do not file this form. You are not an injured spouse.								
Not	Note: If the past due amount is for a joint state tax, you may qualify for innocent spouse relief for the year to which the overpayment was								
applied. See Innocent Spouse Relief, in the instructions for more information.									
4 Are you legally obligated to pay this past due amount?									
Yes	Yes. Stop here. Do not file this form. You are not an injured spouse.								
Not	Note: If the past due amount is for a joint state tax, you may qualify for innocent spouse relief for the year to which the overpayment was								
арр	applied. See Innocent Spouse Relief, in the instructions for more information.								
No. Go to line 5.									
5 Did you make and report payments, such as Alabama income tax withholding or estimated tax payments?									
Yes	Yes. Skip line 6 and go to Part II and complete the rest of this form.								
No.	No. Go to line 6.								
6 Did you	Did you have earned income, such as wages, salaries, or self employment income?								
	Yes. Go to Part II.								
<b>No.</b> Do not file this form. You are not an injured spouse.									
PART II – Information About the Joint Tax Return for Which This Form Is Filed									
7 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			$\square$		
• Chook thi	a hav aply if you are diversed or legally constate	d from the analyse with whom you fi	ilod the joint		wort your rofur			$\overline{\neg}$	
8 Check this box only if you are divorced or legally separated from the spouse with whom you filed the joint return and you want your refund issued in your name only									
If "Yes," enter the address:									
PART III – Allocation Between Spouses of Items on the Joint Tax Return (see instructions)									
	Allocated Items	(a) Amount shown on joint ret			injured spouse	e (c) Alloc	ated to other spou	se	
10 Income:	<b>a.</b> Wages								
	<b>b.</b> All other income							<u> </u>	
11 Adjustm	ents to income								
12 Standar	d deduction or Itemized deductions							<u> </u>	
13 Persona	I Exemption								
14 Depende	ent Exemption								
15 Credits.									
16 Alabama	a income tax withheld								
17 Paymen	ts								
	Signature. Complete this part only if yo			-					
	es of perjury, I declare that I have examined this				-	lowledge and belie	f, they are true, corre	ect,	
and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge									
this form for				DATE PHONE NUMBER (OPTIONAL)					
your records	PRINT/TYPE PREPARER'S NAME	PREPARER'S SIGNATURE		I	DATE	Cheale !!	PTIN		
Paid						Check if self-employed			
Preparer	Firm's name				Firm's EIN				
Use Only	y Firm's address					Phone No.			
					Phone No.				