Do not mail this form with your income tax return.



Injured Spouse Claim and Allocation



505

Revised 2022

Name(s) shown on return		Your Social Sec	curity Number		
Are You An Injured Spouse?					
Is your share of the overpayment, shown on your joint return Tax Commission liability? Yes No	ırn, being applied ag	jainst your s	pouse's Oklahoma		
Note: Answer "No" if your overpayment is being applied a such as past due child support or spousal support paymer amounts due the Internal Revenue Service; or county court	its; certain Federal c				
If you answered No, <u>STOP!</u> <u>Do not complete this form</u> . You must claim your refund by contacting the agency to which your refund was applied. If the other agency requests you complete Form 505, mail this form to that agency and NOT to the Oklahoma Tax Commission.					
If you answered Yes, you may file this form to claim your	part of the refund if	all three of	the following apply:		
 √ You are not required to pay your spouse's Oklahoma Tax Commission liability. √ You received and reported income (such as wages, taxable interest, etc.) on the joint return. √ You had Oklahoma income tax withheld or made estimated tax payments, or you claimed the sales tax relief credit or other refundable credit on the joint return. 					
If all three of the above apply and you want your share of the overpayment shown on the joint return refunded to you, complete this form. The Oklahoma Tax Commission will figure your part of the overpayment and send you any refund that is due. However, if you owe past-due child support or a debt to another state agency, part or all of your share of the overpayment may be applied to that debt. Please allow at least eight weeks for the processing of this claim.					
When Do You File Form 505? After you have been notified that your refund is going to b	e applied to a debt o	other than yo	our own, file Form 505		
and mail to: * Oklahoma Tax Commission Oklahoma City, OK 73194					
Note: Include copies of all W-2 forms of both spouses, any Forms 1099-R showing income tax withheld and your Federal return. If you do not include these copies, the processing of your claim may be delayed. Do not include a copy of your Oklahoma income tax return.					
* If you are completing Form 505 for another agency, mail this form to that agency and NOT to the Oklahoma Tax Commission.					
Book A. Lafa and Carachae (the Lafa (Ta	D.C C I	1.1. (1.1. /	Olata la Ettad		
Part 1: Information about the Joint Tax	Return for wn	ich this (Claim is Filed		
 Enter the following information exactly as it is shown on the tax return for which you are filing this claim. 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 sh	own first	If Injured Spouse check here		
First name, initial, and last name shown second on the return	Social security number sh	own second	If Injured Spouse check here		
2. Enter the tax year for which you are filing this claim:					
3					
Current home address City		State	ZIP		
4. Is the address on your joint return different from you	r current address (li	ine 3)?	☐ Yes ☐ No		

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Name(s) shown on return:				Your Social Security Number:

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	CV.

Part 2: Allocation Between Spouses of Items on the Joint Tax Return						
	Allocated Items	(a) Amount Shown on Joint Return		cated to Spouse	(c) Allocated t Other Spouse	
Allocate j account, shown or	Enter the separate income that each spouse earned. oint income, such as interest earned on a joint bank as you determine. But be sure to allocate all income the joint return.					
	The same of the state of the st					
b All other	income. Identify the type and amount:					
•	ents to income. Enter each spouse's separate ents, such as an IRA deduction. Allocate other					
	nts as you determine					
Enter ea military p	ents from Oklahoma adjusted gross income. ch spouse's separate adjustments, such as a say exclusion. Allocate other adjustments as you					
	na Standard deduction. If you itemized your					
	ns, go to line 9. Otherwise, enter in both columns					
(b) and (d	c) 1/2 of the amount shown in column (a) and go to					
	I deductions. Enter each spouse's separate					
	ns, such as employee business expenses. Allocate					
	luctions as you determine					
	of exemptions. Allocate the exemptions claimed on					
if separat	eturn to the spouse who would have claimed them e returns had been filed. Enter whole numbers only aple, you cannot allocate 3 exemptions by giving					
	ptions to each spouse)				Т	
	Allocate credits to the spouse who had the business					
or the inc	ome. Allocate any child care/child tax credit or sales					
	credit claimed for a dependent to the spouse who					
	allocated the dependent's exemption. Allocate any dits as you determine	T			I	
	a income tax withheld. Enter Oklahoma income					
	eld from each spouse's income as shown on Forms					
	1099s. Be sure to enclose copies of these forms					
	m 505					
	s. Allocate joint estimated tax payments as you					
	e Oklahoma Tax Commission will figure the amount	of any refund due the	injured spo	ouse.		
Part III· 9	Signature					$\overline{}$
Under penalties	of perjury, I declare I have examined this form and any accurue, correct, and complete. Declaration of preparer (other than					
Keep a copy of this form for your records	Injured Spouse's Signature:]	Date	Phone N	Number (optional)	
Paid	Preparer's Signature:		Check if self-employed	Prepare	r's PTIN	
Preparer's Use Only	Firm's name (or yours			EIN		
if self-employed) and address Zip Code						