

DC-8379 Injured Spouse Allocation



official use only Vendor ID# 0002 Information About the Tax Return for Which This Form Is Filed 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 taxpayer identification number shown first on that tax return must also be shown first below If Injured Spouse. First name, initial, and last name shown first on the return Taxpayer identification number shown first check here * If Injured Spouse, First name, initial, and last name shown second on the return Taxpayer identification number shown second check here ▶ Mailing address (number, street, and suite/apartment number if applicable) City State Zip Code +4 Part I 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 or are you married/registered domestic partners filing separately on the same return? Yes. Go to Line 3. ■ **No. Stop here.** Do not file this form. You are not an injured spouse. 3 Did (or will) DC use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse? * DC income tax * DC unemployment compensation * Child support *DC tickets and traffic penalties *federal income tax * federal student loans Yes. Go to Line 4. No. Stop here. Do not file this form. You are not an injured spouse. 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. No. 5 Did you make and report payments, such as DC income tax withholding or estimated tax payments? Yes. Skip Line 6 and go to Part II and complete the rest of this form. No. Go to Line 6. 6 Did you have earned income, such as wages, salaries, or self-employment income? Yes. Go to Part II and complete the rest of the form. **No.** Stop here. Do not file this form. You are not an injured spouse.

| DC-8379, Page 2 | | | | | | | | | | | |
|--|-----------------|----------------------------------|-----------------|--|-----------------|---------------------|--|--|--|--|--|
| Enter your last name | | | | | 2 | | | | | | |
| Enter your TIN | | | | | | | | | | | |
| Part II Allocation Between Spouses of Items on the Tax Return (See the separate DC Form 8379 instructions for Part II). | | | | | | | | | | | |
| Allocated Items (Column (a) must equal columns (b) + (c)) | Fill in if loss | (a) Amount shown on joint return | Fill in if loss | (b) Allocated to injured spouse | Fill in if loss | ` ' | | | | | |
| 7 Federal adjusted gross income | 0 | \$ | 0 | \$ | 0 | \$ | | | | | |
| 8 Total additions to federal adjusted gross income | | \$ | | \$ | | \$ | | | | | |
| 9 Add Line 7 and Line 8 | 0 | \$ | 0 | \$ | 0 | \$ | | | | | |
| 10 Total subtractions from federal adjusted gross income | | \$ | | \$ | | \$ | | | | | |
| 11 DC adjusted gross income (subtract Line 10 from Line 9) | 0 | \$ | 0 | \$ | 0 | \$ | | | | | |
| 12 Deduction amount | | \$ | | \$ | | \$ | | | | | |
| 13 DC taxable income. Subtract Line 12 from Line 11 | 0 | \$ | 0 | \$ | 0 | \$ | | | | | |
| 14 Tax | | \$ | | \$ | | \$ | | | | | |
| Total refundable and/or non-refundable credits, excluding earned income | | \$ | | \$ | | \$ | | | | | |
| 16 DC estimated tax payments | | \$ | | \$ | | \$ | | | | | |
| 17 DC withholding tax paid | | \$ | | \$ | | \$ | | | | | |
| Part III Signature. Under penalties of perjury, I declare that I have examined this form a belief, they are true, correct, and complete. Declaration of preparer (correct). | nd any a | occompanying sched | ules or | statements and to the | e best | of my knowledge and | | | | | |

| Keep a copy of this form for your records. | Injured spouse's signature | | Date | | Phone number | | | | | | |
|--|----------------------------|----------------------|------|--------------|------------------------|------|--|--|--|--|--|
| Paid Proparer | Print/Type preparer's name | Preparer's signature | Date | | Check if self-employed | PTIN | | | | | |
| Preparer Use Only | Firm's name ► | | | Firm's EIN ► | | | | | | | |
| | Firm's address ► | | | | Phone no. | | | | | | |
| | | | | | | | | | | | |

Instructions for DC-8379 Injured Spouse Allocation

Purpose of form

DC-8379 is filed by one spouse/registered domestic partner (the injured spouse/registered domestic partner) on a jointly filed tax return when the joint overpayment was (or is expected to be) applied (offset) to a past-due obligation of the other spouse/registered domestic partner. By filing DC-8379, the injured spouse/registered domestic partner may be able to get back their share of the joint refund.

Are you an injured spouse?

You may be an injured spouse if you file a joint return and all or part of your portion of the overpayment is expected to be offset to your spouse's legally enforceable past-due federal income tax, state income tax, state unemployment compensation debts, child support, or a federal nontax debt, such as a student loan.

A Notice of Offset for federal tax debts is issued by the Internal Revenue Service (IRS). All other Notice of Offsets are issued by the DC Office of Tax and Revenue (OTR) on behalf of the affected agency.

Complete Part I to determine if you are an injured spouse/registered domestic partner.

When to file

You **must** file the DC-8379 with your return in order to be eligible for this relief. You must submit your completed D-8379 prior to the offset occurring. Once funds have been offset, this relief may be unavailable.

How to file

You can file DC-8379 with your joint tax return. If you file DC-8379 with your joint return, attach it to your return. The processing of DC-8379 may be delayed if the form is incomplete when filed.

Specific Instructions Part I

Complete Lines 1-6 to determine if you are an injured spouse.

Part II

Line 7. Enter your federal adjusted gross income. (From your D-40, Line 4).

Line 8. Enter total additions to federal adjusted gross income. (From your D-40, Line 7).

Line 10. Enter total subtractions from federal adjusted gross income. (From your D-40, Line 15).

Lines 11 – 17. Amounts come from your DC D-40 return.

Part III Signature

Make sure to sign and date your DC-8379 Form.