

DC-8379 Injured Spouse Allocation



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

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.

First name, initial, and last name shown first on the return	Taxpayer identification number shown first	If Injured Spouse, check here <input type="checkbox"/>
First name, initial, and last name shown second on the return	Taxpayer identification number shown second	If Injured Spouse, check here <input type="checkbox"/>
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 married/registered domestic partners filing separately on 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.



Enter your last name

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	(c) Allocated to other spouse
7 Federal adjusted gross income	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>	\$
8 Total additions to federal adjusted gross income		\$		\$		\$
9 Add Line 7 and Line 8	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>	\$
10 Total subtractions from federal adjusted gross income		\$		\$		\$
11 DC adjusted gross income (subtract Line 10 from Line 9)	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>	\$
12 Deduction amount		\$		\$		\$
13 Tentative DC taxable income (subtract Line 12 from Line 11)	<input type="radio"/>	\$	<input type="radio"/>	\$	<input type="radio"/>	\$
14 Net capital gain from sale or exchange of an eligible investment in a QHTC, from D-40, Line 19.		\$		\$		\$
15 DC taxable income. Subtract Line 14 from Line 13		\$		\$		\$
16 Tentative Tax. If Line 15 is \$100,000 or more, use Calculation I		\$		\$		\$
17 3% tax on eligible QHTC capital gains income, from D-40, Line 22.		\$		\$		\$
18 Total Tax. Add Lines 16 and 17		\$		\$		\$
19 Total refundable and/or non-refundable credits excluding earned income		\$		\$		\$
20 DC estimated tax payments		\$		\$		\$
21 DC withholding tax paid		\$		\$		\$

Part III Signature.

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 number	
	Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
Paid Preparer Use Only	Print/Type preparer's name		Firm's name ▶		
	Firm's name ▶		Firm's EIN ▶		
	Firm's address ▶		Phone no.		