

# DC-8379 Injured Spouse Allocation



|   | OFFICIAL USE ONLY  | Vendor ID# 0000 |  |
|---|--|-----------------|--|
| 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 v<br>The spouse's name and taxpayer identification number shown first on that  |  | rst below       |  |
| First name, initial, and last name shown first on the return  | St On that tax return must also be shown first         Taxpayer identification number shown first         If Injured Spouse,<br>check here ► |                 |  |
| First name, initial, and last name shown second on the return   | Taxpayer identification number shown second       If Injured Spouse, 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.       Answ  | er the following questions for that  | t vear          |  |
|   |  |                 |  |
| <ul> <li>2 Did you (or will you) file a joint return or married/registered domestic p</li> <li>Yes. Go to Line 3.</li> <li>No. Stop here. Do not file this form. You are not an injured spou</li> </ul>                                 |  | ereturn?        |  |
| <ul> <li>3 Did (or will) DC use the joint overpayment to pay any of the following lessouse?</li> <li>* DC income tax * DC unemployment compensation * Child support</li> </ul>  |  |                 |  |
| <ul> <li>* federal student loans</li> <li>Yes. Go to Line 4.</li> <li>No. Stop here. Do not file this form. You are not an injured spouse</li> </ul>  | 9.   |                 |  |
| <ul> <li>Are you legally obligated to pay this past-due amount?</li> <li>Yes. Stop here. Do not file this form. You are not an injured spouse</li> <li>No.</li> </ul>   | ə.   |                 |  |
| <ul> <li>5 Did you make and report payments, such as DC income tax withholdi</li> <li>Yes. Skip Line 6 and go to Part II and complete the rest of this form</li> <li>No. Go to Line 6.</li> </ul>                                       |  |                 |  |
| <ul> <li>6 Did you have earned income, such as wages, salaries, or self-employing</li> <li>Yes. Go to Part II and complete the rest of the form.</li> <li>No. Stop here. Do not file this form. You are not an injured spoul</li> </ul> |  |                 |  |
|   |  |                 |  |
|   |  |                 |  |
|   |  |                 |  |

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Enter your last name





| Part II Allocation Between Spouses of Items on the Tax Return (See the separate DC Form 8379 instructions for Part II). |   |            |                 |            |                  |            |                  |
|---|---|------------|-----------------|------------|------------------|------------|------------------|
|   | Allocated Items   | Fill in    | • •             | Fill in    | (b) Allocated to | Fill in    | (c) Allocated to |
|   | (Column <b>(a)</b> must equal columns <b>(b)</b> + <b>(c)</b> ) | if loss    | on joint return | if loss    | injured spouse   | if loss    | other spouse     |
|   |   |            |                 |            |                  |            |                  |
| 7   | Endered adjusted grass income                                   |            | \$              |            | \$               |            | \$               |
| - 1   | Federal adjusted gross income                                   |            |                 |            |                  |            | T                |
|   |   |            |                 |            |                  |            |                  |
| 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          | $\bigcirc$ | \$              | $\bigcirc$ | \$               | $\bigcirc$ | \$               |
|   |   |            |                 |            |                  |            |                  |
| 12  | Deduction amount  |            | \$              |            | \$               |            | \$               |
|   |   |            |                 |            |                  |            |                  |
| 13  | DC taxable income. Subtract Line 12 from Line 11                | 0          | \$              | $\bigcirc$ | \$               | $\bigcirc$ | \$               |
|   |   |            |                 |            |                  |            |                  |
| 14  | Tax. If Line 19 is \$100,000 or more, use Calculation I         |            | \$              |            | \$               |            | \$               |
| - 14  |   |            |                 |            |                  |            | Ψ                |
|   | Total refundable and/or non-refundable                          |            | \$              |            | ¢.               |            | ¢                |
| 15  | credits excluding earned income                                 |            | ዋ               |            | φ                |            | φ                |
|   |   |            |                 |            |                  |            |                  |
| 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 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<br>this form for<br>your records. | Injured spouse's signature |                      | Date |              | Phone numb             | er   |
|--|----------------------------|----------------------|------|--------------|------------------------|------|
| Paid   | Print/Type preparer's name | Preparer's signature | Date |              | Check if self-employed | PTIN |
| 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 his or her 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 pastdue federal 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.

**Line 8**. Enter total additions to federal adjusted gross income.

**Line 10**. Enter total subtractions from federal adjusted gross income.

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

## Part III Signature

Ensure to sign and date DC-8379.