	Government of the	
	District of Columbia	+
		+
	DC-8379 Injured Spouse Allocation SOFTWARE DEVELOPER USE ONLY VENDOR 9999	<u> </u>
		_
		+
		T
	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.	+
j	First name, initial, and last name shown first on the return Taxpayer identification number shown first If Injured Spouse,	t
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<u> </u>
	First name, initial, and last name shown second on the return Taxpayer identification number shown second If Injured Spouse, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ζ
	Mailing address (number, street and suite/apartment number if applicable)	Ţ
		+
	City State ZIP Code+4 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	+
		Ţ
	Part I Should You File This Form? You must complete this part.	+
		+
	1 Enter the tax year for which you are filing this form. 9999 Answer the following questions for that year.	Ţ
	2 Did you (or will you) file a joint return or are you married/registered domestic partners filing separately on the same return?	+
	 2 Did you (or will you) file a joint return or are you married/registered domestic partners filing separately on the same return? X Yes. Go to Line 3. 	+
	X No. Stop here. Do not file this form. You are not an injured spouse.	Ţ
	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?	+
	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	_
	X Yes. Go to Line 4.	+
	X No. Stop here. Do not file this form. You are not an injured spouse.	
		_
	 Are you legally obligated to pay this past-due amount? X Yes. Stop here. Do not file this form. You are not an injured spouse. 	+
	X No.	Ţ
	5 Did you make and report payments, such as DC income tax withholding or estimated tax payments?	+
	5 Did you make and report payments, such as DC income tax withholding or estimated tax payments? X Yes. Skip Line 6 and go to Part II and complete the rest of this form.	+
	X No. Go to Line 6.	Ţ
	C. Did you have correct income such as wages, calaries, or calf ampleument income?	+
	6 Did you have earned income, such as wages, salaries, or self-employment income? X Yes. Go to part II and complete the rest of the form.	t
	X No. Stop Here. Do not file this form. You are not an injured spouse.	Ļ
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DC-8379, Page 2	2						
			<u></u>				
Enter your last na Enter your TIN	ame XXXXXXX 99999999		XXXXXXX		0 0 8 3 7	9 S 2	0 0 0 1
	on Between Spouse	es of Items Mark	s on the Tax Return (a)Amount shown	I (See th Mark	e separate DC Fo (b)Allocated to		instructions for Part II
	nust equal columns (b) +		on joint return	if loss	injured spouse		(c) Allocated to other spouse
7 Federal adjusted	d gross income	X	999999999.0)0 X	9999999999	.00 X	9999999999.00
8 Total additions t	o federal adjusted gross		999999999.0) ()	9999999999	. 0.0	999999999.00
income	a rederar adjusted gross						
9 Add Line 7 and	Line 8	X	999999999.0	X 0(9999999999	.00 X	9999999999.00
	ns from federal adjusted		999999999.0	0	9999999999	.00	999999999.00
gross income			000000000000000000000000000000000000000		000000000	00 V	
11 DC adjusted gro (subtract Line 1		X	999999999.0	X 0(9999999999	.00 X	9999999999.00
12 Deduction amou	unt		999999999.0	0	9999999999	.00	9999999999.00
1.3 DC taxable incor	ne. Subtract Line 12 from Li	ne 11 🔽	999999999.0)0 X	9999999999	.00 X	999999999.00
14 Tax.			999999999.0) ()	9999999999	.00	999999999.00
	e and/or non-refundable cred	its,	999999999.0	0	9999999999	.00	9999999999.00
excluding earne			999999999.0		9999999999	0.0	999999999.00
16 DC estimated ta	x payments		9999999999.0		9999999999	• 0 0	
17 DC withholding	tax paid		999999999.0	0	9999999999	.00	999999999.00
Part III Signati Under penalties of pe	ure. erjury, I declare that I have e	xamined this fo	orm and any accompanying	schedules o	or statements and to the	best of my kn	owledge and belief, they are
Under penalties of pe true, correct, and com		er (other than			which preparer has any Date	knowledge.	er
Under penalties of pe true, correct, and corr Keep a copy of this formfor your records.	erjury, I declare that I have en plete. Declaration of prepar Injured spouse's signature	rer (other than e	taxpayer) is based on all inf		which preparer has any Date 99999999999	knowledge. Phone numb	er 9 9 9 9 9
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