



# DC-8379 Injured Spouse Allocation

SOFTWARE DEVELOPER USE ONLY VENDOR 9999

## 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, mark here
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	X
First name, initial, and last name shown second on the return	Taxpayer identification number shown second	If Injured Spouse, mark here
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	X
Mailing address (number, street and suite/apartment number if applicable)		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
City	State	ZIP Code+4
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	999999999

## Part I Should You File This Form? You must complete this part.

- Enter the tax year for which you are filing this form. 9999 Answer the following questions for that year.
- 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.
- 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.
- 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.
- 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.
- 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 XXXXXXXXXXXXXXXXXXXX  
Enter your TIN 999999999

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))	Mark if loss	(a) Amount shown on joint return	Mark if loss	(b) Allocated to injured spouse	Mark if loss	(c) Allocated to other spouse
7 Federal adjusted gross income	X	999999999.00	X	999999999.00	X	999999999.00
8 Total additions to federal adjusted gross income		999999999.00		999999999.00		999999999.00
9 Add Line 7 and Line 8	X	999999999.00	X	999999999.00	X	999999999.00
10 Total subtractions from federal adjusted gross income		999999999.00		999999999.00		999999999.00
11 DC adjusted gross income (subtract Line 10 from Line 9)	X	999999999.00	X	999999999.00	X	999999999.00
12 Deduction amount		999999999.00		999999999.00		999999999.00
13 DC taxable income. Subtract Line 12 from Line 11.	X	999999999.00	X	999999999.00	X	999999999.00
14 Tax.		999999999.00		999999999.00		999999999.00
15 Total refundable and/or non-refundable credits, excluding earned income		999999999.00		999999999.00		999999999.00
16 DC estimated tax payments		999999999.00		999999999.00		999999999.00
17 DC withholding tax paid		999999999.00		999999999.00		999999999.00

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		
			99999999	9999999999		
	Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Mark if self-employed	PTIN
				99999999	X	999999999
Firm's name		Firm's EIN				
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999999999		
Firm's address		9999XXXXXXXXXXXXXXXXXXXXXXXXXXXX		Phone number		
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		9999999999		