18

DC-8379 Injured Spouse Allocation SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Information about DC-8379 and its separate instructions is at MyTax.DC.gov

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 ABCDEFGHIJKLMNOPORSTUVWXYZABCDEFGHI Taxpayer identification number shown first 123456789

Taxpayer identification number shown second

If Injured Spouse, mark here X If Injured Spouse,

X

First name, initial, and last name shown second on the return ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI

123456789

mark here

Mailing address (number, street and suite/apartment number if applicable)

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI

City

ZIP Code +4

123456789 ABCDEFGHIJKLMNOPQRST

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

- Enter the tax year for which you are filing this form. 1234 Answer the following questions for that year.
- Did you (or will you) file a joint return or 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.
- 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

9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74

- * 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?
 - X Yes. Stop here. Do not file this form. You are not an injured spouse
 - X No.
- 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.
- 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.
 - Stop Here. Do not file this form. You are not an injured spouse.

DC-8379, Page 2

Enter your last name

ABCDEFGHIJKLMNOPQRST

Enter your TIN 123456789



| | rt II Allocation Between Spouses Allocated Items | Mark | | | | | nou | ınt | sh | ow | | Mark | Ì | | |) Al | loc | ate | d to | | \Box | ark | \Box | | (c |) A | loc | | ed to | | Γ |
|----|---|----------|-------|----|-----|------|------|-----|-----|----------|-------|---------|-------|-----|------|------|-----|------|-------|-------|--------|------|--------|-----|-----|------|------|------|-------|-------|---|
| | (Column (a) must equal columns (b) + (c)) | if loss | | Ľ | | | oin | | | | | if loss | | | | | | | use | | if I | oss | 3 | | • | , | | | use | | |
| | Federal adjusted gross income | X | \$. | 12 | 3 | 45 | 56 | 7 | 8 9 | €. | 00 | X | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 | | X | \$ | 12 | 34 | 15 | 6' | 78 | 9 | . 0 | 0 |
| | Total additions to federal adjusted gross income | | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 | ð. | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | | \$: | 12 | 34 | 15 | 6' | 78 | 39 | . 0 | 0 |
| | Add Line 7 and Line 8 | X | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 | 9. | 00 | Х | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 | | X | \$ | 12 | 3 4 | 15 | 6 | 78 | 39 | . 0 | C |
| | Total subtractions from federal adjusted gross income | | \$. | 12 | 3 | 45 | 56 | 7 | 8 9 | 9. | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | | \$: | 12 | 34 | 15 | 6' | 78 | 39 | . 0 | C |
| | DC adjusted gross income (subtract Line 10 from Line 9 | Х | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 | 9. | 00 | Х | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | X | \$: | 12 | 34 | 15 | 6' | 78 | 39 | . 0 | C |
| | Deduction amount | | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 | 9. | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | | \$: | 12 | 34 | 15 | 6' | 78 | 9 | . 0 | C |
| | Tentative DC taxable income (subtract Line 12 from Line 11) | Х | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 | 9. | 00 | X | \$1 | L2 | 3 4 | 15 | 6' | 78 | 9. | . 0 (|) | X | \$: | 12 | 34 | 15 | 6' | 78 | 9 | . 0 | C |
| | Net capital gain from sale or exchange of an eligible investment in QHTC, from D-40, Line | | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 |) . | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | | \$ | 12 | 34 | 15 | 6' | 78 | 39 | . 0 | C |
| | DC taxable income. Subtract Line 14 from Line 13 | | \$1 | 12 | 3 | 45 | 56 | 7 | 8 9 | 9. | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 0 (|) | | \$: | 12 | 34 | 15 | 6' | 78 | 9 | . 0 | (|
| | Tentative Tax. If Line15 is \$100,000 or more, use calculation I | | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 | 9. | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | | \$ | 12 | 34 | 15 | 6' | 78 | 9 | . 0 | C |
| | 3% tax on eligible QHTC capital gains income, from D-40, Line 22 | | \$: | 12 | 3 | 45 | 56 | 7 | 89 | 9. | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | | \$: | 12 | 34 | 15 | 6' | 78 | 9 | . 0 | C |
| | Total Tax. Add Lines 16 and 17 | | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 | 9. | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | | \$: | 12 | 34 | 15 | 6' | 78 | 9 | . 0 | C |
| | Total refundable and/or non-refundable credits excluding earned income | | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 |). | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | | \$ | 12 | 34 | 15 | 6 | 78 | 9 | . 0 | C |
| | DC estimated tax payments | | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 | . | 00 | | \$1 | L 2 | 3 4 | 15 | 6' | 78 | 9. | . 00 | | | \$: | 12 | 34 | 15 | 6' | 78 | , 9 | . 0 | C |
| | DC withholding tax paid | | \$: | 12 | 3 | 45 | 56 | 7 | 8 9 | 9. | 00 | | \$1 | L2 | 34 | 15 | 6' | 78 | 9. | . 00 |) | | \$ | 12 | 3 4 | 15 | 6 | 78 | 9 | . 0 | C |
| | rt III Signature. | ined thi | is fo | rm | and | d aı | ny a | acc | om | par | ıying | sched | lules | or | stat | tem | ent | s ar | nd to | the | bes | t of | my | kno | wle | edge | e ar | nd t | elie | f, th | e |
| ıe | p, correct, and complete. Declaration of preparer (pp a copy of Injured spouse's signature form for your | | | | | | | | | | | | tion | | hic | | | | | any | | owle | dg | €. | | | | # | | | Ė |

Date Mark if self-employed PTIN Print/Type preparer's name Preparer's signature Paid **Preparer** Firm's EIN ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJ **Use Only** Firm's address 123ABCDEFGHIJKLMNOPQRSTUVWXYZ Phone number 123ABCDEFGHIJKLMNOPQRSTUVWXYABCDEFGH