

## OKLAHOMA TAX COMMISSION

Form Number:_	
Form Title:	

## **Revision History**

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DATE	Description			

Do not mail this form with your income tax return.

## **Oklahoma Tax Commission**

## INJURED SPOUSE CLAIM AND ALLOCATION



			11011000 2010			
Name(s) shown on return		Your Social Se	curity Number			
ARE YOU AN INJURED SPOUSE?						
Is your share of the overpayment, shown on your joint retu <b>Tax Commission liability?</b> Yes No	ırn, being applied aç	gainst your s	pouse's <b>Oklahoma</b>			
<b>Note:</b> Answer "no" if your overpayment is being applied against your spouse's debt with another state agency such as past due child support or spousal support payments; certain Federal debt such as student loans or amounts due the Internal Revenue Service; or county court debts.						
If you answered no, <u>STOP</u> ! <u>Do not complete this form.</u> cy to which your refund was applied. <b>Other agencies wi</b> Oklahoma Tax Commission use only.						
If you answered yes, you may file this form to claim your	part of the refund if	all three of	the following apply:			
<ul> <li>You are not required to pay your spouse's Oklahoma Tax Commission liability.</li> <li>You received and reported income (such as wages, taxable interest, etc.) on the joint return.</li> <li>You had Oklahoma income tax withheld or made estimated tax payments, or you claimed the sales tax relief credit or other refundable credit on the joint return.</li> </ul>						
If all three of the above apply and you want your share of the overpayment shown on the joint return refunded to you, complete this form. The Oklahoma Tax Commission will figure your part of the overpayment and send you any refund that is due. However, if you owe past-due child support or a debt to another state agency, part or all of your share of the overpayment may be applied to that debt. Please allow at least 8 weeks for the processing of this claim.						
WHEN DO YOU FILE FORM 505?						
After you have been notified that your refund is going to be and mail to:	e applied to a debt o	other than yo	our own, file Form 505			
Oklahoma Tax Commission Account Maintenance Division Post Office Box 26800 Oklahoma City, OK 73126-0800						
<b>Note:</b> Include copies of all W-2 forms of both spouses, any Forms 1099-R showing income tax withheld and your Federal return. If you do not include these copies, the processing of your claim may be delayed. Do not include a copy of your Oklahoma income tax return.						
PART 1: INFORMATION ABOUT THE JOINT TAX	RETURN FOR W	/HICH THI	s Claim Is Filed			
Enter the following information exactly as it filing this claim. The spouse's name and socreturn must also be shown first below.						
First name, initial, and last name shown first on the return	Social security number	shown first	If Injured Spouse check here			
First name, initial, and last name shown second on the return	Social security number sh	nown second	If Injured Spouse check here			
2. Enter the tax year for which you are filin	g this claim:					
3						
Current home address City		State	ZIP			
4. Is the address on your joint return different from	vour current add	ress (line 3	3)?			

Form	505: Ir	njured S	oouse C	laim and	<b>Allocation</b>	- Page	2
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-	
Name(s)	Your Social
shown	Security
on return:	Number:

Barcod	е
Placehol	der

PART 2: ALLOCATION BETWEEN SPOUSES OF ITEMS ON THE JOINT TAX RETURN							
		Allocated Items	(a) Amount Shown on Joint Return		cated to Spouse	(c) Allocated to Other Spouse	
; ;	Allocate jo account, a shown on	Enter the separate income that each spouse earned. Dint income, such as interest earned on a joint bank as you determine. But be sure to allocate <b>all</b> income the joint return.					
b /	All other i	ncome. Identify the type and amount:					
- -							
j	ustments	ents to income. Enter each spouse's separate ad, , such as an IRA deduction. Allocate other adjust- you determine					
7. <i>i</i>	<b>Adjustme</b> Enter eac military p	chts from Oklahoma adjusted gross income. ch spouse's separate adjustments, such as a ay exclusion. Allocate other adjustments as you					
8. (	Oklahomations, go to the constant (c) 1/2 of	a Standard deduction. If you itemized your deductor line 9. Otherwise, enter in both columns (b) and the amount shown in column (a) and go to					
9. I	I <b>temized</b> tions, suc	deductions. Enter each spouse's separate deduch as employee business expenses. Allocate other s as you determine					
10. l	Number of the joint re f separate (for exam	of exemptions. Allocate the exemptions claimed on eturn to the spouse who would have claimed them a returns had been filed. Enter whole numbers only ple, you cannot allocate 3 exemptions by giving					
11. ( ( (	Credits. A or the inco tax relief on has been	otions to each spouse)					
12. (	<b>Oklahom</b> tax withhe W-2 and 1	dits as you determine					
		s. Allocate joint estimated tax payments as you	T				
		e Oklahoma Tax Commission will figure the amount	of any refund due the	injured si	nouse.		
PA Unde	RT III:	SIGNATURE of perjury, I declare I have examined this form and any accorue, correct, and complete. Declaration of preparer (other than	mpanying schedules or	statements	and to the bes		
this	a copy of form for r records	Injured Spouse's Signature:	1	Date	Phone N	Number (optional)	
Paic		Preparer's Signature:	l l	Check if self-employed		r's PTIN	
	oarer's Only	Firm's name (or yours if self-employed) and address				EIN Zip Code	