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 Security Number				
ARE YOU AN INJURED SPOUSE?					
Is your share of the overpayment, shown on your joint retu Tax Commission liability? Yes No	rn, being applied ag	gainst your s	pouse's Oklahoma		
Note: 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> agency to which your refund was applied. If the other age to that agency and NOT to the Oklahoma Tax Commission	ncy requests you c				
If you answered yes, you may file this form to claim your	part of the refund if	all three of	the following apply:		
 ✓ You are not required to pay your spouse's Oklahoma Tax Commission liability. ✓ You received and reported income (such as wages, taxable interest, etc.) on the joint return. ✓ 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. 					
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 of	other than yo	our own, file Form 505		
Oklahoma Tax Commission Account Maintenance Division Post Office Box 26800 Oklahoma City, OK 73126-0800					
Note: 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.					
* If you are completing Form 505 for another agency, mail this form to that agency and NOT to the Oklahoma Tax Commission.					
PART 1: INFORMATION ABOUT THE JOINT TAX	RETURN FOR W	HICH THI	S CLAIM IS FILED		
1. Enter the following information exactly as it filing this claim. The spouse's name and soc return 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 sl	nown second	If Injured Spouse check here		
2. Enter the tax year for which you are filin	g this claim:				
3. Current home address		State	ZIP		
4. Is the address on your joint return different from					

Form 5	05: Inj	ured Spo	ouse Claim	and Alloc	ation - Page 2	2

	<u> </u>	•	
Name(s)			Your Social
shown			Security
on return:			Number:

Barcode	
Placeholder	

PART 2: ALLOCATION BETWEEN SPOUSES OF ITEMS ON THE JOINT TAX RETURN								
		Allocated Items	(a) Amount Show on Joint Return		ocated to d 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 all income the joint return.						
b	All other i	ncome. Identify the type and amount:						
-								
	justments	ents to income. Enter each spouse's separate ad, , such as an IRA deduction. Allocate other adjust- you determine						
7.	Adjustme Enter ea military p	ch spouse's separate adjusted gross income. ay exclusion. Allocate other adjustments as you						
8.	Oklahom tions, go to (c) 1/2 of	a Standard deduction. If you itemized your deductoring line 9. Otherwise, enter in both columns (b) and the amount shown in column (a) and go to						
9.	Itemized tions, suc	deductions. Enter each spouse's separate deduch as employee business expenses. Allocate other s as you determine						
10.	Number of the joint re if separate (for exam	of exemptions. Allocate the exemptions claimed on eturn to the spouse who would have claimed them e returns had been filed. Enter whole numbers only ple, you cannot allocate 3 exemptions by giving						
11.	or the inco tax relief of has been	otions to each spouse)						
12.	Oklahom tax withhe W-2 and 1	dits as you determine						
13.	Payment	n 505s. Allocate joint estimated tax payments as you						
		וe Oklahoma Tax Commission will figure the amount	of any refund due	the injured s	pouse.			
Und	RT III: er penalties	SIGNATURE of perjury, I declare I have examined this form and any according, correct, and complete. Declaration of preparer (other than	mpanying schedules	or statements	and to the be			
thi	p a copy of s form for ur records	Injured Spouse's Signature:		Date	(Number (optional))		
Pai Pre	d parer's	Preparer's Signature:	Date	Check if self-employed		er's PTIN		
	Only	Firm's name (or yours				EIN Zip Code		