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Injured Spouse Allocation

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

▶ See instructions.

Attachment
Sequence No. **104**

Part I Information About the Joint Tax Return for Which This Form Is Filed

- 1** 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 social security number shown first on that tax 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 ▶ <input type="checkbox"/>
First name, initial, and last name shown second on the return	Social security number shown second	If Injured Spouse, check here ▶ <input type="checkbox"/>

Note. If you are filing Form 8379 with your tax return, skip to line 5.

- 2** Enter the tax year for which you are filing this form (for example, 2006) ▶ _____

3 _____
Current home address City State ZIP code

- 4** Is the address on your joint return different from the address shown above? Yes No

- 5** Check this box only if you are divorced or separated from the spouse with whom you filed the joint return and you want your refund issued in your name only

- 6** Were you a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin) at any time during the year entered on line 2? Yes No
If "Yes," which community property state(s)? _____

Note. Overpayments affected by state community property laws will be allocated by the IRS according to those laws.

Part II Allocation Between Spouses of Items on the Joint Tax Return (see instructions)

Allocated Items	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
7 Income: a. Wages			
b. All other income			
8 Adjustments to income			
9 Standard deduction or Itemized deductions			
10 Number of exemptions			
11 Credits (do not include any earned income credit)			
12 Other taxes			
13 Federal income tax withheld			
14 Payments			

Part III Signature. Complete this part only if you are filing Form 8379 by itself and not with your tax return.

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 (optional)
	Preparer's signature ▶	Date	Preparer's SSN or PTIN
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code ▶	Check if self-employed <input type="checkbox"/>	EIN
			Phone no. ()