

Alabama Department of Revenue Injured Spouse Allocation SEE INSTRUCTIONS

PART I – Should you file this form? You must complete this part.									
1 Enter the tax year for which you are filing this form.									
2 Did you (or will you) file a joint return?									
Yes. Go to line 3.									
No.	No. Stop here. Do not file this form. You are not an injured spouse.								
	or will) the Alabama Department of Revenue use the joint overpayment to pay any of the Alabama income tax legally enforceable past due								
	lebt(s) owed only by your spouse? (See instructions)								
	Yes. Go to line 4.								
No.	No. Stop here. Do not file this form. You are not an injured spouse.								
	Note: If the past due amount is for a joint state tax, you may qualify for innocent spouse relief for the year to which the overpayment was								
	applied. See Innocent Spouse Relief, in the instructions for more information.								
4 Are you legally obligated to pay this past due amount?									
	Yes. Stop here. Do not file this form. You are not an injured spouse.								
	Note: If the past due amount is for a joint state tax, you may qualify for innocent spouse relief for the year to which the overpayment was								
	applied. See Innocent Spouse Relief, in the instructions for more information.								
No.	No. Go to line 5.								
5 Did you make and report payments, such as Alabama income tax withholding or estimated tax payments?									
Yes. Skip line 6 and go to Part II and complete the rest of this form.									
No.	No. Go to line 6.								
6 Did you	6 Did you have earned income, such as wages, salaries, or self employment income?								
Yes	Yes. Go to Part II.								
No.	No. Do not file this form. You are not an injured spouse.								
PART II – Information About the Joint Tax Return for Which This Form Is Filed									
7 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 SECU	SOCIAL SECURITY NUMBER SHOWN FIRST If Injured Spouse,				
					check here				
FIRST NAME, INITIAL, AND LAST NAME SHOWN SECOND ON THE RETURN							If Injured Spouse, check here		
8 Check this box only if you are divorced or legally separated from the spouse with whom you filed the joint return and you want your refund issued in your name only									
9 Do you want any injured spouse refund mailed to an address different from the one on your joint return? Yes No									
If "Yes," enter the address:									
NUMBER AND STREET CITY, STATE, ZIP CODE									
PART III – Allocation Between Spouses of Items on the Joint Tax Return (see instruction					Allocated to injured spouse (c) Allocated to other spouse				
10 Incomo:	Allocated Items a. Wages	(a) Amount shown on joint ret	um (i	J) Allocated t	o injured spous		caled to other spou	se	
IU Income.	b. All other income								
11 Adjustm	ents to income								
-	d deduction or Itemized deductions								
	I Exemption								
	ent Exemption								
	a income tax withheld								
17 Payments Payments PART IV – Signature. Complete this part only if you are filing Form AL8379 by itself and not with your tax return.									
				-		nowledge and beli	ef, they are true, corr	ect.	
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 INJURED SPOUSE'S SIGNATURE				DATE PHONE NUMBER (OPTIONAL)					
this form for your records									
	PRINT/TYPE PREPARER'S NAME	PREPARER'S SIGNATURE			DATE	Check if	PTIN		
Paid					self-employed				
Preparer	Eirm'o nomo				Firm's EIN				
Use Only	Firm's address					Phone No.			