

**Part III Allocation Between Spouses of Items on the Joint Tax Return** (See the separate Form 8379 instructions for Part III.)

| Allocated Items<br>(Column (a) must equal columns (b) + (c))        | (a) Amount shown<br>on joint return | (b) Allocated to<br>injured spouse | (c) Allocated to<br>other spouse |
|---|-------------------------------------|------------------------------------|----------------------------------|
| <b>13</b> Income: <b>a.</b> Income reported on Form(s) W-2          |                                     |                                    |                                  |
| <b>b.</b> All other income  |                                     |                                    |                                  |
| <b>14</b> Adjustments to income                                     |                                     |                                    |                                  |
| <b>15</b> Standard deduction or Itemized deductions                 |                                     |                                    |                                  |
| <b>16</b> Number of exemptions                                      |                                     |                                    |                                  |
| <b>17</b> Credits ( <b>do not</b> include any earned income credit) |                                     |                                    |                                  |
| <b>18</b> Other taxes   |                                     |                                    |                                  |
| <b>19</b> Federal income tax withheld                               |                                     |                                    |                                  |
| <b>20</b> Payments  |                                     |                                    |                                  |

**Part IV 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.

|                                       |   |                            |   |              |
|---------------------------------------|---|----------------------------|---|--------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Keep a copy of this form for your records | Injured spouse's signature | Date  | Phone number |
|                                       | Preparer's signature                      | Date                       | Check if <input type="checkbox"/> self-employed | PTIN         |
|                                       | Print/Type preparer's name                |                            |   |              |
|                                       | Firm's name ▶                             | Firm's EIN ▶               |   |              |
|                                       | Firm's address ▶                          | Phone no.                  |   |              |