Do not mail this form with your income tax return.

Oklahoma Tax Commission

Injured Spouse Claim and Allocation



Name(s) shown on return		Your Social Sec	curity Number		
Are You An Injured Spouse?					
Is your share of the overpayment, shown on your joint return Tax Commission (OTC) liability? Yes No	ırn, being applied aç	gainst your s	pouse's Oklahoma		
Note: Answer "No" if your overpayment is being applied a such as past due child support or spousal support paymer amounts due to the Internal Revenue Service, or county or	nts, certain Federal				
If you answered No, <u>STOP!</u> <u>Do not complete this form</u> . You must claim your refund by contacting the agency to which your refund was applied. If the other agency requests you complete Form 505, mail this form to that agency and NOT to the OTC.					
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 OTC 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 OTC 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 eight weeks for the processing of this claim.					
When Do You File Form 505?					
After you have been notified that your refund is going to b and mail to: *	e applied to a debt o	other than yo	ur own, file Form 505		
Oklahoma Tax Commission Oklahoma City, OK 73194					
Note: Provide 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 provide these copies, the processing of your claim may be delayed. Do not provide 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 OTC.					
Part 1: Information about the Joint Tax Return for which this Claim Is Filed					
1. Enter the following information exactly as it is shown on the tax return for which you are filing this claim. 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 s	hown first	If Injured Spouse check here		
First name, initial, and last name shown second on the return	Social Security Number s	hown second	If Injured Spouse check here		
2. Enter the tax year for which you are filing this claim:					
3					
Current home address City	1	State	ZIP		
4. Is the address on your joint return different from you	r current address (ine 3)?	☐ Yes ☐ No		

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Name(s)				Your Social
shown				Security
on return:				Number:

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Part 2: Allocation Between Spouses of Items on the Joint Tax Return						
	Allocated Items	(a) Amount Shown on Joint Return	(b) Alloc Injured		(c) Allocated to Other Spouse	
Allocate jo account, a shown on	Enter the separate income that each spouse earned. bint income, such as interest earned on a joint bank as you determine. But be sure to allocate all income the joint return.					
	ncome. Identify the type and amount:					
b All other i	ncome. Identity the type and amount.					
adjustme	ents to income. Enter each spouse's separate nts, such as an IRA deduction. Allocate other					
•	nts as you determine					
Enter ea military p	ents from Oklahoma adjusted gross income. ch spouse's separate adjustments, such as a ay exclusion. Allocate other adjustments as you					
	a Standard deduction. If you itemized your					
deduction	s, go to line 9. Otherwise, enter in both columns					
	1/2 of the amount shown in column (a) and go to					
9. Itemized	deductions. Enter each spouse's separate					
	s, such as employee business expenses. Allocate					
	uctions as you determine					
	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					
1.5 exem	otions to each spouse)					
	Allocate credits to the spouse who had the business					
	ome. Allocate any child care/child tax credit or sales					
	credit claimed for a dependent to the spouse who allocated the dependent's exemption. Allocate any					
	lits as you determine					
	a income tax withheld. Enter Oklahoma income					
	eld from each spouse's income as shown on Forms					
	099s. Be sure to provide copies of these forms					
	n 505					
-	s. Allocate joint estimated tax payments as you					
Note: The	e OTC will figure the amount of any refund due the in	njured spouse.				
Part III: S	Signature					
Under penalties	of perjury, I declare I have examined this form and any acc rue, correct, and complete. Declaration of preparer (other than					
Keep a copy of this form for your records	Injured Spouse's Signature:		Date		Number (optional)	
Paid	Preparer's Signature:		Check if self-employed	Prepare	r's PTIN	
Preparer's			1 , 1, 1, 1			
Use Only	Se Only Firm's name (or yours if self-employed) and					