



AREA RESERVED
FOR 2-D BARCODE

2017 Form M-8379

XXXXXXXXXXXXXX

Nondebtor Spouse Claim and Allocation for
Refund Due

Tax year of expected refund XXXX

NAME OF TAXPAYERXXXXXXXXXXXXXXXXXXXXX SOCIAL SEC NO X Fill in if nondebtor spouse
STREET ADDRESSXXXXXXXXXXXXX CITY/TOWN POST OFFICEXXXXXXXXX ST ZIP+FOURX
NAME OF SPOUSEXXXXXXXXXXXXXXXXXXXXX SOCIAL SEC NO X Fill in if nondebtor spouse
NAME OF EXECUTORXXXXXXXXXXXXXXXXXXXXX DESIGNATIONXXXXXXXXXXXXXXXXXXXXX
STREET ADDRESSXXXXXXXXXXXXX CITY/TOWN POST OFFICEXXXXXXXXX ST ZIP+FOURX

Allocable items

		a. Nondebtor spouse	b. Other spouse	c. Joint (as filed)
1.	Total income (list all sources)	1 XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
2.	Adjustments to income	2 XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3.	Deductions	3 XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4.	Exemptions	4 XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5.	Credits against tax (do not include Limited Income Credit)	5 XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6.	Taxes withheld (include copies of all Forms W-2)	6 XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
7.	Tax payments (amounts paid with return, estimated, etc.)	7 XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

X Fill in if the refund due is being requested in the nondebtor spouse's name only

Declaration

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has knowledge.

Signature of nondebtor spouse

Date

XXXXXXXXXX

Signature of paid preparer

Date

Social Security number

XXXXXXXXXX XXXXXXXXXXXXXXXX

Mail to: Massachusetts Department of Revenue, PO Box 7010, Boston, MA 02204.

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