IRS Joint Overpayment Allocation Request

Tax Year Information

Tax Year: [_____]

Primary Taxpayer Information

Name: [_____]

Social Security Number: [_____]

Spouse Information

Name: [_____]

Social Security Number: [_____]

Overpayment Allocation

Total Overpayment: [_____]

Amount to Primary Taxpayer: [_____]

Amount to Spouse: [_____]

Signatures

Primary Taxpayer Signature: [_____]

Spouse Signature: [_____]

Date: [_____]

Submit