



State of Utah

GARY R. HERBERT  
Governor

SPENCER J. COX  
Lieutenant Governor

Department of  
Workforce Services

JON S. PIERPONT  
Executive Director

CASEY R. CAMERON  
Deputy Director

GREG PARAS  
Deputy Director

## INJURED SPOUSE CLAIM AND ALLOCATION

Name of spouse with overpayment:

Social Security Number:

Name of injured spouse:

Social Security Number:

Mailing Address:

Please return this form along with **copies of your tax return and all W-2's** to  
The Department of Workforce Services in the enclosed envelope or by fax to 801-526-9236,  
Attn: Collections. If you have questions please call 801-526-9561, option 1 or 801-526-9235,  
option 1.

	Amount on Return	Amount from injured spouse	Amount from other spouse
<b>Total Income</b>	A.  \$	B.  \$	C.  \$
<b>Total of State Tax Withheld</b>	D.  \$	E.  \$	F.  \$
<b>Percentage of tax withheld from each spouse</b>		E divided by D.	F divided by D.