

CUSTODIAL TEST TEST
1901 W MADISON ST APT 00000
PHOENIX, AZ 85009-5287

October 15, 2024



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Angie Rodgers
Director

RE: CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST
AZCARES No.: 001428730400

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

SPOUSAL WAIVER OF CLAIM TO TAX INTERCEPT

Support Payor's Name: _____
AZCARES Case Number: _____ (If multiple AZCares Cases, list additional numbers below)
AZCARES Case Number: _____ AZCARES Case Number: _____
Tax Year: _____

I, _____, current spouse of the Support Payor, _____, have not yet, nor will I ever file an IRS 8379 Injured Spouse Allocation form, nor have I yet, nor will I ever file an amended 1040X form for the IRS monies intercepted from the _____ tax year.

I understand that by signing this form I am authorizing the IRS monies being held for 180 days by the Arizona Department of Economic Security, Division of Child Support Services (DCSS), to be released to my spouse's support case(s).

Additionally, we, _____, current spouse of the Support Payor, and _____, the Support Payor, understand and agree that by signing this form we authorize DCSS to recoup any negative adjustments from us that may occur on this case as a result of the filing of an Injured Spouse Allocation form or amended 1040X form, or for any other reason, for the tax year set forth above and that we shall be responsible for those amounts both jointly and severally.



I declare under penalty of perjury that the foregoing is true and correct.

Signature of Support Payor

Signature of Spouse

Date: _____

Date: _____

State of _____, County of _____
Subscribed and sworn or affirmed and acknowledged
before me this date: _____

State of _____, County of _____
Subscribed and sworn or affirmed and acknowledged
before me this date: _____

Notary Public

Notary Public

PLACE NOTARY SEAL HERE

PLACE NOTARY SEAL HERE

My commission expires:

My commission expires:

DRAFT



Instructions

- Complete SPOUSAL WAIVER OF CLAIM TO TAX INTERCEPT
- Must be signed by both husband and wife
- Signatures must be notarized
- Form must be submitted with:
 - Copy of IRS Form 1040(1st 2 pages)
 - Proof that parties are legally married

Please be advised that the release may take up to 30 days to complete.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

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