

Alaska Department of Revenue
Child Support Enforcement Division

Please Reply To:
CSED
550 W. 7th Ave., Suite 310
Anchorage, AK 99501-6699
www.childsupport.alaska.gov

Member Number: _____

Request for Release of Joint Federal Tax Refund

____ Please apply our joint tax refund to the cases listed above. Release money to the Obligee parent and return over-collected amount to us.

I, _____, the obligor's spouse, agree not to submit an injured spouse claim to the Internal Revenue Service (IRS) to replace the federal tax refund intercepted by the Child Support Enforcement Division (CSED).

By signing and returning this form, I acknowledge that I am authorizing CSED to apply our joint tax refund to the obligor's cases. Please release money to the obligee parent and return the over-collected amount to us.

If any portion of the federal tax refund is reclaimed by the IRS, we understand that amount may be added to the arrears owed by _____, the obligor parent, and may be collected by withholding the obligor parent's wages or by other enforcement remedies.

Current employer's name, address and phone number: _____

We understand and agree to the above.

Obligor Parent

Obligor's Spouse

Signature: _____

Signature: _____

Date: _____

Date: _____

Print Name: _____

Print Name: _____

SSN: _____

SSN: _____

Address: _____

Address: _____

SUBSCRIBED AND SWORN to before me this date:

SUBSCRIBED AND SWORN to before me this date:

Notary Public in and for Alaska
My Commission Expires: _____

Notary Public in and for Alaska
My Commission Expires: _____

Note: If a notary is not available, the signatures may be verified and stamped by a U.S. Post Office representative.
CSSD 04-1806 (Rev. 07/18/24)