Form **14039** (April 2017)

## Department of the Treasury - Internal Revenue Service

## **Identity Theft Affidavit**

**OMB Number** 1545-2139

Complete this form if you need the IRS to mark an account to identify questionable activity. Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) 1. I am submitting this Form 14039 for myself 2. This Form 14039 is submitted in response to a 'Notice' or 'Letter' received from the IRS • Please provide 'Notice' or 'Letter' number(s) on the line to the right Please check box 1 in Section B and see special mailing and faxing instructions on page 2 of this form. 3. I am submitting this Form 14039 on behalf of my 'dependent child or dependent relative' Please complete Section E on page 2 of this form. Caution: If filing this on behalf of your 'dependent child or dependent relative', filing this form will protect his or her tax account but it will **not** prevent the victim in **Section C** below from being claimed as a dependent by another person. 4. I am submitting this Form 14039 on behalf of another person (other than my dependent child or dependent relative) Please complete Section E on page 2 of this form. **Section B - Reason For Filing This Form** (Required) Check only **ONE** of the following boxes that apply to the person listed in **Section C** below. 1. Someone used my information to file taxes 2. I don't know if someone used my information to file taxes, but I'm a victim of identity theft Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates. If needed, please attach additional information and/or pages to this form. Section C - Name and Contact Information of Identity Theft Victim (Required) Victim's last name Middle First name Taxpayer Identification Number (Please provide 9-digit Social Security Number) initial Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address Current city State ZIP code Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one box below) What is the last year you filed a return Address used on last filed tax return (If different than 'Current') Names used on last filed tax return (If different than 'Current') City (on last tax return filed) State ZIP code Telephone number with area code (Optional) If deceased, please indicate 'Deceased' Best time(s) to call Home telephone number Cell phone number Language in which you would like to be contacted English Spanish Section D - Penalty of Perjury Statement and Signature (Required) Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this Form 14039 is true, correct, complete, and made in good faith. Signature of taxpayer, or representative, conservator, parent or guardian Date signed