

**Identity Theft Affidavit**

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 | First name | Middle initial | <b>Taxpayer Identification Number</b><br>(Please provide 9-digit Social Security Number) |
|--------------------|------------|----------------|--|

**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 |
|--------------|-------|----------|

|   |  |  |  |  |  |  |  |   |
|---|--|--|--|--|--|--|--|---|
| <b>Tax Year(s) you experienced identity theft</b> <i>(If not known, enter 'Unknown' in one box below)</i> |  |  |  |  |  |  |  | <b>What is the last year you filed a return</b> |
|   |  |  |  |  |  |  |  |   |

|   |   |
|---|---|
| <b>Address used on last filed tax return</b> ( <i>If different than 'Current'</i> ) | <b>Names used on last filed tax return</b> ( <i>If different than 'Current'</i> ) |
|---|---|

|  |       |          |
|--|-------|----------|
| City ( <i>on last tax return filed</i> ) | State | ZIP code |
|--|-------|----------|

|  |                      |
|--|----------------------|
| <b>Telephone number with area code</b> ( <i>Optional</i> ) 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.

|  |             |
|--|-------------|
| <b>Signature of taxpayer, or representative, conservator, parent or guardian</b> | Date signed |
|--|-------------|

**Submit this completed form to either the mailing address or the FAX number provided on page 2 of this form.**