Form **14039** (September 2021)	Department of the Treasury - Internal Revenue Service **Identity Theft Affidavit**	OMB Number 1545-2139

This affidavit is for victims of identity theft. Do not use this form if you have already filed a form 14039.
The IRS process for assisting victims selecting **Section B, Box 1** below is explained at irs.gov/victimassistance.
Get an IP PIN: We encourage everyone to opt-in to the Identity Protection Personal Identification Number (IP PIN) program. If you don't have an IP PIN you can get one by going to irs.gov/ippin. If unable to do so online, you may schedule an appointment at your closest Taxpayer Assistance Center by calling (844-545-5640). Or, if eligible you may use IRS Form 15227 to apply for an IP PIN by mail or fax>

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
- Provide 'Notice' or 'Letter' number(s) on the **line to the right** _____
- 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'
- Complete **Section E** on page 2 of this form.

☐ 4. I am submitting this Form 14039 on behalf of another person *(other than my dependent child or dependent relative)*
- 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. If the taxpayer in 'Section C' has previously submitted a Form 14039 to the IRS on the same affected tax year(s), there's no need to submit another Form 14039.

☐ **1. Someone used my information to file taxes, including being incorrectly claimed as a dependent**
☐ **2. I don't know if someone used my information to file taxes, but I'm a victim of identity theft**

Provide an explanation of the identity theft issue, how it is related to your tax account, how you became aware of it and provide relevant dates. If needed, attach additional information and/or pages to this form.

_____
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Section C - Name and Contact Information of Identity Theft Victim *(required)*

Victim's last name	First name	Middle initial	**Taxpayer Identification Number** *(provide 9-digit Social Security Number)*

Current mailing address *(apartment or suite number and street, or P.O. Box)* If deceased, provide last known address	Current city	State	ZIP code

Tax Year(s) 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')*	City *(on last tax return filed)*	State	ZIP code

Names used on last filed tax return *(If different than 'Current')*	**Telephone number with area code** *(optional) If deceased, indicate 'Deceased'* Home phone number / Cell phone number	Best time(s) to call

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

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