

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. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in **Section C** received IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.
 - Please provide 'Notice' or 'Letter' number(s) on the **line to the right** _____
- 3. I am submitting this Form 14039 on behalf of my dependent.
Please complete **Section F** on page 2 of this form.
Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will **not** prevent the dependent 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*).
 - Please complete **Section F** 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. **Federal tax records affected** and I am a victim of identity theft
- 2. **Federal tax records not affected** and I am a victim of identity theft, or an event has affected/compromised my personal information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <i>(Please provide your 9-digit SSN or ITIN)</i>
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Current mailing address (*apartment or suite number and street, or P.O. Box*) If deceased, please provide last known address.

City	State	ZIP code
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Tax Year(s) in which you experienced identity theft (<i>If not known, enter 'Unknown' in one of the boxes below</i>)	Last tax year a return was filed								
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Address used on last filed tax return (<i>If different than 'Current'</i>)	Names used on last filed tax return (<i>If different than 'Current'</i>)
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City (on last tax return filed)	State	ZIP code
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Telephone number with area code (<i>Optional</i>) <i>If deceased, please indicate 'Deceased'</i>	Best time(s) to call
Home telephone number _____ Cell phone number _____	

Language in which you would like to be contacted English Spanish

Section D - State or Federal Issued Identification (Required)

Submit this completed form and a **clear and legible** photocopy of **at least one of the following** documents to verify the identity of the person listed in **Section C** above. **If necessary, enlarge photocopies so all information is clearly visible.**

Check the box next to the document(s) you are submitting:

- Driver's license
- Social Security Card
- Passport
- Valid U.S. Federal or State government issued identification**

** Federal employees should not copy his or her employee identification cards as 18 U.S.C. prohibits doing so.

Section E - 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
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