

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	Taxpayer Identification Number (Please provide 9-digit Social Security Number)
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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
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Tax Year(s) in which you experienced identity theft (<i>If not known, enter 'Unknown' in one box below</i>)	What is the last year you filed a return
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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 (<i>on last tax return filed</i>)	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 - 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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Submit this completed form to either the mailing address or the FAX number provided on page 2 of this form.