

**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.

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

Victim's last name	First name	Middle initial	<b>Taxpayer Identification Number</b> <i>(Please provide 9-digit Social Security Number)</i>

**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) in which 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> ) <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.

<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.**