

Identity Theft Affidavit

Please complete and submit this form if you are an actual or potential victim of identity theft and would like the IRS to mark your account to identify any questionable activity.

Please check one of the following boxes

I am a **victim of identity theft** and I believe this incident **is affecting** my tax records *(Provide a short explanation of the tax impact)*

I am a **victim of identity theft** and believe I may be at risk for **future impact** to my tax account

I am a **potential victim** of identity theft and believe I may be at risk for future impact to my tax account.
(You should check "potential victim" if you have not experienced identity theft but are at risk due to a lost/stolen purse or wallet, questionable credit card or credit report activity, etc.)

| | |
|---|---|
| Tax year(s) impacted and/or date the incident occurred <i>(if applicable or known)</i> | Last tax return filed (year) <i>(Enter NRF if not required to file)</i> |
|---|---|

| | | | |
|----------------------|------------|----------------|---|
| Taxpayer's last name | First name | Middle initial | Provide the last 4 digits of your Social Security Number (SSN) or your complete Individual Taxpayer Identification Number (ITIN) |
|----------------------|------------|----------------|---|

Taxpayer's current mailing address

| | | |
|------|-------|----------|
| City | State | ZIP code |
|------|-------|----------|

Address on last tax return filed *(Check here if you are not required to file a tax return)*

| | | |
|------|-------|----------|
| City | State | ZIP code |
|------|-------|----------|

| | |
|--|----------------------|
| Telephone number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Best time(s) to call |
|--|----------------------|

Primary language English Spanish Other - specify

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered in this form is true, correct, complete, and made in good faith.

(Signature of taxpayer) _____
(Date signed mm/dd/yyyy)

Please submit this completed form and a photocopy of at least one of the following documents to verify your identity.
(Check the box next to the document you are submitting)

- a) Passport
- b) Driver's license
- c) Social Security Card
- d) Other valid U.S. Federal or State government issued identification**

** Please do not submit photocopies of federally issued identification where prohibited by 18 U.S.C. 701 (e.g., official badges designating federal employment).

Please submit the photocopies required above with this form using one of the options described on page 2 of this form.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Please submit the photocopies required above with this form using one of the following options

BY MAIL

If you received a notice from the IRS, return this form with a copy of the notice to the address contained in the notice.

If you have not received an IRS notice and are self-reporting as being at risk for future impact to your tax account, please mail this form to:

Internal Revenue Service
P.O. Box 9039
Andover, MA 01810-0939
USA

BY FAX

If you received a notice in the mail from the IRS and a fax number is shown, fax this completed form with a copy of the notice to that number. Please include a cover sheet marked "Confidential." If no fax number is shown, please follow the mailing instructions.

NOTE: The IRS does not initiate contact with taxpayers by e-mail or fax.

If you have not received an IRS notice and are self-reporting as being at risk for future impact to your tax account, fax this form to: (978) 247-9965

NOTE: This is not a toll-free number. Your telephone company or a third party service provider, if applicable, may charge to send faxes.

Other helpful identity theft information may be found on www.irs.gov (keyword "identity theft"). Additionally, locations and hours of operation for Taxpayer Assistance Centers can be found at <http://www.irs.gov/localcontacts/index.html>.

Note: The Federal Trade Commission (FTC) is the central federal government agency responsible for identity theft awareness. The IRS does not share taxpayer information with the FTC. Please refer to the FTC's website at <http://www.ftc.gov> (keyword "identity theft") for additional information, protection strategies, and resources.

Privacy Act and Paperwork Reduction Act Notice

Our legal authority to request the information is 26 U.S.C. 6001.

The primary purpose of the form is to provide a method of reporting identity theft issues to the IRS so that the IRS may document situations where individuals are or may be victims of identity theft. Additional purposes include the use in the determination of proper tax liability and to relieve taxpayer burden. The information may be disclosed only as provided by 26 U.S.C. 6103.

Providing the information on this form is voluntary. However, if you do not provide the information it may be more difficult to assist you in resolving your identity theft issue. If you are a potential victim of identity theft and do not provide the required substantiation information, we may not be able to place a marker on your account to assist with future protection. If you are a victim of identity theft and do not provide the required information, it may be difficult for IRS to determine your correct tax liability. If you intentionally provide false information, you may be subject to criminal penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see the form for filing instructions.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.