

# Identity Theft Affidavit

This affidavit is for **victims** of identity theft. To avoid delays do not use this form if you have already filed a Form 14039 for this incident.

The IRS process for assisting victims selecting **Section B, Box 1** below is explained at [irs.gov/victimassistance](https://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](https://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, also available by going to [irs.gov/ippin](https://irs.gov/ippin).

**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 an IRS Notice or Letter received
  - 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 reverse side of this form.
- 3. I am submitting this Form 14039 on behalf of my dependent child or dependent relative
  - Complete **Sections A-F** of this form. Do not use this form if dependent's identity was misused by a parent or guardian in filing taxes, this is not identity theft.
- 4. I am submitting this Form 14039 on behalf of another person living or deceased (*other than my dependent child or dependent relative*)
  - Complete **Sections A- F** of this form.

**Section B – How I Am Impacted** (required when reporting misuse of Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN))

Check all boxes that apply to the person listed in **Section C** below. If the person in Section C has previously submitted a Form 14039 for the same incident, there's no need to submit another Form 14039.

- 1. I know that someone used my information to fraudulently file a tax return
  - I/My dependent was fraudulently/incorrectly claimed as a dependent
  - My SSN or ITIN was fraudulently used for employment purposes
- 2. I don't know if someone used my information to fraudulently file taxes, but I'm a victim of identity theft

Provide an explanation of the identity theft issue, how it impacts your tax account, when 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 <i>(provide 9-digit SSN or ITIN)</i>	
Current mailing address <i>(apartment or suite number and street, or P.O. Box)</i> If deceased, provide last known address		Current city	State	ZIP code
Address used on last filed tax return <i>(if different than 'Current')</i>		City <i>(on last tax return filed)</i>	State	ZIP code
Telephone number with area code Home phone number _____ Cell phone number _____			Best time(s) to call	
Language in which you would like to be contacted <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____				

**Section D – Tax Account Information: Last tax return filed (year shown on the tax return) and Returns Impacted** (Do not complete Section D if you selected **Box 2 in Section B** above)

I had no filing requirement or filed a non-filer return

Names used on last filed tax return	The last tax return filed <i>(year shown on the tax return)</i>
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**What Tax Year(s) you believe were impacted by tax-related identity theft** (example: 2020 is input for citing the 2020 tax return though filed the next year(s). (if not known, enter 'Unknown' below))

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

**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

**Section F – Representative, Conservator, Parent or Guardian Information** (required if completing Form 14039 on someone else's behalf)

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased, and I am the surviving spouse
2. The taxpayer is deceased, and I am the court-appointed or certified personal representative
3. The taxpayer is deceased, and a court-appointed or certified personal representative has not been appointed
4. The taxpayer is unable to complete this form and I am the appointed conservator, or I have been authorized to act on behalf of the taxpayer per Form 2848, Power of Attorney and Declaration of Representative
5. The person is my dependent child or my dependent relative

Representative's name
Last name | First name | Middle initial
Representative's current mailing address (city, town or post office, state, and ZIP code)
Representative's telephone number

**Instructions for Submitting this Form**

Submit this completed and signed form to the IRS via Mail or FAX to specialized IRS processing areas dedicated to assist you. In Section C of this form, be sure to include the Social Security Number in the 'Taxpayer Identification Number' field.

**Help us avoid delays:**

- Do not use this form if you have already filed a Form 14039 for this incident.
Choose one method of submitting this form either by Mail or by FAX, not both.
Provide clear and readable photocopies of any additional information you may choose to provide.
Submit the original tax return to the IRS location where you normally file your tax return. Do not use the following address or fax number to file an original tax return.

Table with 2 columns: Submitting by Mail, Submitting by FAX. Contains instructions for each submission method.

**Privacy Act and Paperwork Reduction 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.