Form **14039** (April 2017)

Department of the Treasury - Internal Revenue Service

Identity Theft Affidavit

OMB Number 1545-2139

Complete this form if you need the IRS to mark an account to identify questionable activity.

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Section A - Check the following boxes	in this section that apply	to the specific	c situation	you are reporting (R	equired 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 <u>line to the right</u> Please 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'						
 Please complete Section E on reverse side 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						
 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 reverse side of this form. 						
Section B – Reason For Filing This Fo	rm (Required)					
Check only ONE of the following boxes t	hat apply to the person liste	d in Section C	below.			
1. Someone used my information to file taxes						
2. I don't know if someone used it	•	•		•		
Please provide an explanation of the id			of it and pr	ovide relevant dates.		
If needed, please attach additional inform	nation and/or pages to this f	orm.				
Section C - Name and Contact Inform	ation of Identity Theft Vict	im (Required)				
Victim's last name First name			Middle Taxpayer Identification Number			
			initial	(Please provide 9-digit Social Security Number)		
Current mailing address (apartment or s	uita numbar and atract or D.O.	Day If doggood	d places	arovida laat known ada	Irono	
Current maning address (apartment or s	une number and street, or P.O.	box) ii decease	eu, piease p	orovide iast known add	11622	
Current city				State	ZIP code	
- III						
Tax Year(s) you experienced identity t	heft (If not known, enter 'Unkr	nown' in one box	below)	What is the las	t year you filed a	
				return		
Address used on last filed tax return (If different than 'Current')	Names used	d on last fi	led tax return (If differe	ent than 'Current')	
City (on last tax return filed)		-		State	ZIP code	
Telephone number with area code (Optional) If deceased, please indicate 'Deceased' Best time(s) to					call	
Home telephone number Cell phone number						
Language in which you would like to I	oe contacted	nglish	Spanish			
Section D – Penalty of Perjury Statem	ent and Signature (Required	d)				
Under penalty of perjury, I declare that, t complete, and made in good faith.	the best of my knowledge	and belief, the	informatior	entered on this Form	14039 is true, correct,	
Signature of taxpayer, or representative, conservator, parent or guardian					Date signed	
Submit this completed form to either t	he mailing address or the	FAY number	nrovided c	on the reverse side of	this form	

	<u> </u>		
Section E – Representative, Conservator, Parent or Guardian Info	ormation (Required if completing Form 14039 on someone else's behalf)		
Check only ONE of the following five boxes next to the reason you are	e submitting this form		
☐ 1. The taxpayer is deceased and I am the surviving spouse			
 No attachments are required, including death certificate. 			
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
 Attach a copy of the court certificate showing your appointm 			
 3. The taxpayer is deceased and a court-appointed or certified 			
	government office informing next of kin of the decedent's death.		
• Indicate your relationship to decedent: Child Pare			
of Representative authorization per IRS Form 2848	appointed conservator or have Power of Attorney/Declaration		
 Attach a <u>copy</u> of documentation showing your appointment 	as conservator or POA authorization.		
If you have an IRS issued Centralized Authorization File (
5. The person is my dependent child or my dependent relative	WA		
	t you are an authorized representative, as parent, guardian or legal		
guardian, to file a legal document on the dependent's behalf.	, c		
 Indicate your relationship to person: Parent/Legal Gu 	_ , , ,		
Power of Attorne	ey Other		
Representative's name			
Last name First name			
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 s	enocialized IDS processing areas dedicated to assist you		
In Section C of this form, be sure to include the Social Security Numb			
Help us avoid delays:	•		
Choose one method of submitting this form either by Mail or by F.	AX, not both.		
Please provide clear and readable photocopies of any additional	· · · · · · · · · · · · · · · · · · ·		
Note that 'tax returns' may not be submitted to either the mailing a	address or FAX number.		
Submitting by Mail	Submitting by FAX		
If you checked Box 1 in Section B in response to a notice or	If you checked Box 1 in Section B of Form 14039 and are		
letter received from the IRS, return this form and if possible, a	submitting this form in response to a notice or letter received from the IRS. If it provides a FAX number, you should send		
copy of the notice or letter to the address contained in the			
notice or letter.	there.		
 If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/ 	If no FAX number is shown on the notice or letter, please follow		
or secondary SSN was misused, attach this Form 14039 to the	the mailing instructions on the notice or letter.		
back of your paper tax return and submit to the IRS location	Include a cover sheet marked 'Confidential'.		
where you normally file your tax return.	 If you checked Box 2 in Section B of Form 14039 (no current 		
If you've already filed your paper return, please submit this	tax-related issue), FAX this form toll-free to:		
Form 14039 to the IRS location where you normally file. Refer to	855-807-5720		
the 'Where Do You File' section of your return instructions or visit			
IRS.gov and input the search term 'Where to File'.			
 If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), mail this form to: 			
•			
Department of the Treasury			
Internal Revenue Service Fresno, CA 93888-0025			

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. 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. 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 collidor 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, s