



Identity Theft Affidavit

Complete and submit this form if you are an actual or potential victim of identity theft and would like the Franchise Tax Board (FTB) to update your account status to identify questionable activity.

Check **one of the following boxes**:

I am a **victim of identity theft**, and I believe this incident is **affecting** my tax account. Provide a short explanation of the tax impact:

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

I am a **potential victim** of identity theft, and I believe I may be at risk for **future impact** to my tax account. (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 (if applicable or known):	Date the Incident Occurred (if applicable or known):	Last Tax Return Filed (Year) (Enter NRF if Not Required to File.):	Provide the last 4 digits of your Social Security Number or your complete Individual Taxpayer Identification Number:
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Last Name:	First Name:	Middle Initial:
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Current Mailing Address:

City:	State:	ZIP Code:
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Address on Last Tax Return Filed (Check Here If You Are Not Required to File a Tax Return.):

City:	State:	ZIP Code:
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Telephone Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Best Time (s) to Call:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> 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. I hereby agree and consent that the facsimile/fax signature of this affidavit shall be considered as valid as the original.

Taxpayer Signature	Date Signed (mm/dd/yyyy)
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Submit this completed form and a copy 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 license or Department of Motor Vehicles identification card

If available, include a copy of:

- c) Social security card
- d) Police report
- e) Internal Revenue Service letter of determination

Submit the copies required above with this form using one of the options described on PAGE 2 of this form.

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By Mail:

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

If you have **not received an FTB notice** and are self-reporting potential risk for **future impact** to your tax account, mail this form to:

FILING COMPLIANCE BUREAU MS F151
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468

By Fax:

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

FTB does not initiate contact with taxpayers by email or fax.

If you have **not received an FTB notice** and are self-reporting potential risk for **future impact** to your tax account, fax this form to:

916.843.0561

Go to oag.ca.gov and search for **identity theft** for additional resources and information regarding identity theft.

For privacy information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Connect With Us

Web: ftb.ca.gov

Phone: 916.845.7088 | 7 a.m. to 5 p.m. weekdays, except state holidays
916.845.6500 | from outside the United States

TTY/TDD: 800.822.6268 | for persons with hearing or speech impairments