



Department of Taxation

Manual Review Unit
P.O. Box 182847
Columbus, OH 43218-2847
Phone: (800) 282-1780
eFax: (253) 234-1371



13240106

Identity Theft Affidavit

Ohio IT TA

Section 1: Name and Contact Information of Identity Theft Victim

Full legal name _____
First name _____ M.I. _____ Last name _____

Address _____

City _____ State _____ ZIP code _____

SSN (only the last four digits are required) _____ Daytime phone _____

E-mail address _____

Section 2: Identity Theft Victim Details

- 1. I am submitting the Ohio IT TA for myself.
- 2. I am submitting the Ohio IT TA in response to a "Notice" or "Letter" received from the Ohio Department of Taxation.
 - a. Provide "Notice" or "Letter" number(s) _____
- 3. I am submitting the Ohio IT TA on behalf of my dependent child or dependent relative.
- 4. I am submitting the Ohio IT TA as the appointed conservator or due to being awarded power of attorney.
- 5. I am submitting the Ohio IT TA on behalf of a deceased taxpayer. (If yes, include a copy of the death certificate.)

Section 3: Reason for Filing This Form

- 1. Someone used my information to file taxes.
- 2. I don't know if someone used my information to file taxes, but I am a victim of identity theft.
- 3. How did you learn of the identity theft? _____

Section 4: Identity Theft Details

- 1. What tax year(s) are you claiming your identity was stolen? _____
- 2. Were you an Ohio resident during the year your identity was stolen? Yes No
- 3. Were you required to file an Ohio individual income tax return? Yes No
- 4. Were you incarcerated during the tax year(s) in question? Yes No
 - a. Date(s) of incarceration: _____
 - b. Location(s) of incarceration: _____

Section 5: Employer or Preparer Data Breach

- 1. Was your identity compromised because of an employer or preparer data breach? Yes No
 - a. If yes, include a copy of the notification letter or e-mail provided by your employer or preparer.
- 2. What is the name of your employer or preparer? _____
- 3. What is the best contact number for your employer or preparer? _____
- 4. If known, when and how did the data breach occur? _____



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Section 6: Additional Steps Recommended After Submission

1. Contact the Internal Revenue Service (IRS).
 - a. Include a copy of the federal 14039 (Identity Theft Affidavit), if required by the IRS to be completed.
2. File a police report with your local police department.
 - a. Include a copy of the police report.
3. Contact the following organizations to notify them that your identity was stolen:
 - a. Federal Trade Commission: www.ftc.gov or call 1-877-438-4338
 - b. Social Security Administration: www.socialsecurity.gov or call 1-800-772-1213
 - c. Credit Bureaus
 - i. Equifax: www.equifax.com or call 1-800-525-6285
 - ii. Experian: www.experian.com or call 1-888-397-3742
 - iii. TransUnion: www.transunion.com or call 1-800-680-7289
4. Visit the following Web pages for additional identity theft resources:
 - a. www.identitytheft.gov
 - b. http://www.idtheftcenter.org/

Section 7: Penalty of Perjury Statement and Signature

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

Signature of taxpayer, representative, conservator, parent or guardian

Date signed (MM/DD/YY)

Printed name of taxpayer

Last four digits of taxpayer's SSN

**Failure to provide all the required documents in this affidavit may delay
the resolution and/or render your claim unsubstantiated.**

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| <p><u>Submitting Affidavit Without Paper Income Tax Return</u></p> <p>Mail to: Manual Review Unit P.O. Box 182847 Columbus, OH 43218-2847 Fax to: (253) 234-1371</p> | <p><u>Submitting Affidavit With Paper Income Tax Return</u></p> <p><u>NO Payment Included – Mail to:</u> Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p><u>Payment Included – Mail to:</u> Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270</p> |
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