| Form 14039   |                               | Department of the 1  | reasury - Internal                | Reve  | nue Service   |                      | OMB Number                    |  |
|--|-------------------------------|--|-----------------------------------|---|---|----------------------|-------------------------------|--|
| Rev. February 2014   |                               |  | Theft Affidavit                   |   |   |                      |                               |  |
| Complete and submit the identify questionable activity of the submitted of | nis form if you<br>tivity.    | are an actual or potential   | victim of identi                  | ity the   | eft and would like the IRS to                               | o mark               | your account to               |  |
| Check only one of the f  | ollowing two                  | boxes if they apply to your  | specific situati                  | on. (   | Optional for all filers)                                    |                      |                               |  |
| ☐ I am submitting this form in response to a mailed notice or letter from the IRS.   |                               |  |                                   |   |   |                      |                               |  |
| □ I am completing<br>should provide i  | this form on nformation for   | behalf of another person, s<br>or the actual or potential vic                          | such as a dece<br>tim in Sections | easeo<br>s A, E   | d spouse or other deceased<br>3, & D.                       | l relativ            | ve. You                       |  |
| Note to all filers: Failu<br>will d  | re to provide<br>elay process | required information on <b>BO</b>  | TH sides of th                    | nis fo  | rm AND clear and legible do                                 | ocume                | entation                      |  |
| THIS FORM MUST   | <b>BE SIGN</b>                | ED ON THE REVERS   | E SIDE (SE                        | СТІ   | ON F).  |                      |                               |  |
| Section A – Reason F   | or Filing Thi                 | s Form (Required for all file  | ers)                              |   |   |                      |                               |  |
| Check only ONE of the  | following two                 | boxes. You MUST provide  | the requeste                      | d des   | scription or explanation in th                              | ne lineo             | d area below.                 |  |
| 1 🗌 I am a victim of ic<br>federal tax record  |                               | ND it is affecting my  | 2 🗌 I hav<br>that r               | <b>2</b> I have experienced an event involving my personal information that may at some future time affect my federal tax records.  |   |                      |                               |  |
| You should check this box if, for example, your attempt<br>to file electronically was rejected because someone had<br>already filed using your Social Security Number (SSN)<br>or Individual Taxpayer Identification Number (ITIN), or if<br>you received a notice or correspondence from the IRS<br>indicating someone was otherwise using your number.   |                               |  | tax re<br>ident<br>box i<br>expe  | You should check this box if you are the victim of non-federal<br>tax related identity theft, such as the misuse of your personal<br>identity information to obtain credit. You should also check this<br>box if no identity theft violation has occurred, but you have<br>experienced an event that could result in identity theft, such as<br>a lost/stolen purse or wallet, home robbery, etc. |   |                      |                               |  |
| Provide a short explanation of the problem and how you were made aware of it.  |                               |  | Brief<br>even                     | Briefly describe the identity theft violation(s) and/or the event(s) of concern. Include the date(s) of the incident(s).  |   |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
| Section B – Taxpayer   | Information                   | (Required for all filers)  |                                   |   |   |                      |                               |  |
| Taxpayer's last name   |                               | First name   | Middle                            |   | e last 4 digits of the taxpayer's S                         |                      |                               |  |
|  |                               |  | initial                           | con   | nplete Individual Taxpayer Ider                             | ntificatio           | on Number (ITIN)              |  |
| Taxpayer's current mai   | ling address                  | (apt., suite no. and street, c   | or P.O. Box)                      |   |   |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
| City   |                               |  |                                   |   | State   | ZIP c                | ode                           |  |
| Tax year(s) affected (Re   | equired if you o              | hecked box 1 in Section A abo  | ve) Last tax                      | retur   | n filed (year) <i>(If you are not re</i>                    | equired              | to file a return, enter       |  |
|  |                               |  | NRF and                           | do no   | ot complete the next two lines)                             |                      |                               |  |
| Address on last tax retu   | rn filed <i>(If sa</i>        | me as current address, writ  | e "same as al                     | oove'   | ")  |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
| City (on last tax return filed)  |                               |  |                                   | State   | ZIP c   | ode                  |                               |  |
| Section C – Telephone  | e Contact In                  | formation (Required for all  | filers)                           |   |   |                      |                               |  |
| Telephone number (inc.   | lude area co                  | de) 🗌 Home 🗌 Work  | Cell                              | Bes   | st time(s) to call  |                      |                               |  |
|  |                               |  |                                   |   |   |                      |                               |  |
| I prefer to be contacted   | in (select the                | e appropriate language) [  | English                           |   | Spanish 🗌 Other   |                      |                               |  |
| Section D – Required   | Documenta                     | tion (Required for all filers)   |                                   |   |   |                      |                               |  |
| are submitting this form   | on behalf of                  | ear and legible photocopy<br>another person, the docum<br>ictures are clearly visible. | of at least one<br>entation shou  | e of tl<br>Id be  | he following documents to v<br>for that person. If necessar | verify y<br>ry, enla | our identity. If you arge the |  |
| Check the box next to the  | ne document                   | (s) you are submitting:  |                                   |   |   |                      |                               |  |
| Passport Drive   | er's license                  | Social Security Card   | Other valid U.S                   | 6. Fed  | leral or State government issue                             | d ident              | ification**                   |  |
| ** Do not submit photocop  | ies of federally              | issued identification where pro  | hibited by 18 U                   | .S.C.   | 701 (e.g., official badges desig                            | gnating              | federal employment).          |  |

Form 14039

Rev. February 2014

Department of the Treasury - Internal Revenue Service

## OMB Number 1545-2139

Section E – Representative Information (Required only if completing this form on someone else's behalf)

If you are completing this form on behalf of another person, you **must** complete this section **and** attach **clear and legible** photocopies of the documentation indicated.

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

The taxpayer is deceased and I am the surviving spouse. (No attachments are required)

The taxpayer is deceased and I am the court-appointed or certified personal representative.

Attach a copy of the court certificate showing your appointment.

The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed.

Attach a copy of the death certificate or the formal notification from the appropriate government office informing the next of kin of the decedent's death. Indicate your relationship to the decedent:

The taxpayer is unable to complete this form and I have been appointed conservator or have Power of Attorney (POA) authorization.

If you are the POA and have been issued a CAF number by the IRS, enter it here: \_

Representative's name

Current mailing address

| Section E | Penalty Of Parium Statement and Signature (Dequired for all filers) |        |          |
|-----------|---|--------|----------|
| City      |   | State  | ZIP code |
| 0.1       |   | 01.1.1 |          |
|           |   |        |          |

## Section F - Penalty Of Perjury Statement and Signature (Required for all filers)

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

Signature of taxpayer or representative of taxpayer

Date signed

## Instructions for Submitting this Form

Submit this form and **clear and legible** copies of required documentation using **ONE** of the following submission options. Mailing **AND** faxing this form **WILL** result in a processing delay.

| By Mail  | By FAX   |  |  |  |
|--|--|--|--|--|
| If you checked Box 1 in Section A and are unable to file your return<br>electronically because the primary and/or secondary SSN was<br>misused, attach this form and documentation to your paper return and<br>submit to the IRS location where you normally file. If you have already<br>filed your paper return, submit this form and documentation to the IRS<br>location where you normally file. Refer to the "Where Do You File" section<br>of your return instructions or visit IRS.gov and input the search term<br>"Where to File". | If you checked Box 1 in Section A and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX this completed form and documentation with a copy of the notice or letter to that number. Include a cover sheet marked "Confidential." If no FAX number is shown, follow the mailing instructions on the notice or letter. |  |  |  |
| If you checked Box 1 in Section A and are submitting this form in response to a notice or letter received from the IRS, return this form   | If you checked Box 2 in Section A (you do not currently have a tax-<br>related issue), FAX this form and documentation to: (855) 807-5720.   |  |  |  |
| and documentation with a copy of the notice or letter to the address contained in the notice or letter.  | <b>NOTE:</b> The IRS does not <i>initiate</i> contact with taxpayers by email, fax, or any social media tools to request personal or financial information. Report   |  |  |  |
| If you checked Box 2 in Section A (you do not currently have a tax-<br>related issue), mail this form and documentation to:  | unsolicited email claiming to be from the IRS and bogus IRS websites to phishing@irs.gov.  |  |  |  |
| Internal Revenue Service<br>PO Box 9039<br>Andover MA 01810-0939   | <b>NOTE:</b> For more information about questionable communications purportedly from the IRS, visit IRS.gov and input the search term "Fake IRS Communications".   |  |  |  |

Other helpful identity theft information may be found on <u>www.irs.gov/uac/Identity-Protection</u>. Additionally, locations and hours of operation for Taxpayer Assistance Centers can be found at <u>www.irs.gov</u> (search "Local Contacts").

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. Refer to the FTC's website at www.identitytheft.gov for additional information, protection strategies, and resources. 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 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 ONB 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, a |
| 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:TT: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.