

Identity Theft Affidavit

Complete and submit this form if you are an actual or potential victim of identity theft and would like the IRS to mark your account to identify any questionable activity.

Check only one of the following two boxes if they apply to your specific situation. (Optional for all filers)

- I am submitting this form in response to a mailed notice or letter from the IRS.
I am completing this form on behalf of another person, such as a deceased spouse or other deceased relative. You should provide information for the actual or potential victim in Sections A, B, & D.

Note to all filers: Failure to provide required information on BOTH sides of this form AND clear and legible documentation will delay processing.

Section A - Reason For Filing This Form (Required for all filers)

Check only ONE of the following two boxes. You MUST provide the requested description or explanation in the lined area below.

1 I am a victim of identity theft AND it is affecting my federal tax records.

You should check this box if, for example, your attempt to file electronically was rejected because someone had already filed using your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), or if you received a notice or correspondence from the IRS indicating someone was otherwise using your number.

Provide a short explanation of the problem and how you were made aware of it.

2 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 you are the victim of non-federal tax related identity theft, such as the misuse of your personal identity information to obtain credit. You should also check this box if no identity theft violation has occurred, but you have experienced an event that could result in identity theft, such as a lost/stolen purse or wallet, home robbery, etc.

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)

Table with 4 columns: Taxpayer's last name, First name, Middle initial, The last 4 digits of the taxpayer's SSN or the taxpayer's complete Individual Taxpayer Identification Number (ITIN)

Taxpayer's current mailing address (apt., suite no. and street, or P.O. Box)

Table with 3 columns: City, State, ZIP code

Table with 2 columns: Tax year(s) affected (Required if you checked box 1 in Section A above), Last tax return filed (year) (If you are not required to file a return, enter NRF and do not answer the next two questions)

Address on last tax return filed (If same as current address, write "same as above")

Table with 3 columns: City (on last tax return filed), State, ZIP code

Section C - Telephone Contact Information (Required for all filers)

Table with 2 columns: Telephone number (include area code) [Home/Work/Cell], Best time(s) to call

I prefer to be contacted in (select the appropriate language) [English/Spanish/Other]

Section D - Required Documentation (Required for all filers)

Submit this completed form and a clear and legible photocopy of at least one of the following documents to verify your identity. If you are submitting this form on behalf of another person, the documentation should be for that person. If necessary, enlarge the photocopies so all information and pictures are clearly visible.

Check the box next to the document(s) you are submitting:

- Passport, Driver's license, Social Security Card, Other valid U.S. Federal or State government issued identification**

** Do not submit photocopies of federally issued identification where prohibited by 18 U.S.C. 701 (e.g., official badges designating federal employment).

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.
 Attach a copy of the documentation showing your appointment as conservator or your 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 _____

City _____	State _____	ZIP code _____
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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 _____
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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
<p>If you checked Box 1 in Section A and are unable to file your return electronically because the primary and/or secondary SSN was misused, attach this form and documentation to your paper return and submit to the IRS location where you normally file. If you have already filed your paper return, submit this form and documentation to the IRS location where you normally file. Refer to the "Where Do You File" section of your return instructions or visit IRS.gov and input the search term "Where to File".</p> <p>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 and documentation with a copy of the notice or letter to the address contained in the notice or letter.</p> <p>If you checked Box 2 in Section A (you do not currently have a tax-related issue), mail this form and documentation to:</p> <p style="text-align: center;">Internal Revenue Service PO Box 9039 Andover MA 01810-0939</p>	<p>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.</p> <p>If you checked Box 2 in Section A (you do not currently have a tax-related issue), FAX this form and documentation to: (855) 807-5720.</p> <p>NOTE: 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 unsolicited email claiming to be from the IRS and bogus IRS websites to phishing@irs.gov.</p> <p>NOTE: For more information about questionable communications purportedly from the IRS, visit IRS.gov and input the search term "Fake IRS Communications".</p>

Other helpful identity theft information may be found on www.irs.gov/uac/Identity-Protection. Additionally, locations and hours of operation for Taxpayer Assistance Centers can be found at www.irs.gov (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 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 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:T:T: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.



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.):	
Last Name:	First Name:	Middle Initial:	Provide the last 4 digits of your Social Security Number or your complete Individual Taxpayer Identification Number:

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:
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Primary Language: English Spanish 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)

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:

IDENTITY THEFT TEAM MS A421
FRANCHISE TAX BOARD
PO BOX 2952
SACRAMENTO CA 95812-2952

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.

Get FTB 1131, *Franchise Tax Board Privacy Notice*, at ftb.ca.gov or call 800.338.0505. If outside the United States, call 916.845.6500.

Internet and Telephone Assistance

Website: ftb.ca.gov

Telephone: 800.852.5711 from within the United States
916.845.6500 from outside the United States

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