



Louisiana Identity Theft Affidavit for Unemployment Insurance Benefits Only

Louisiana Department of Revenue
Criminal Investigations Division
P.O. Box 2389
Baton Rouge, LA 70821-2389
Email: fraud.mailbox@la.gov

If you have been a victim of identity theft regarding unemployment insurance benefits, complete this form and submit it via email to: fraud.mailbox@la.gov; mail to P.O. Box 2389, Baton Rouge, LA 70821-2389 or fax to (225) 219-2287. Do not submit multiple forms or documents, unless directed to do so by LDR.

PLEASE PRINT OR TYPE

Taxpayer's Last Name	First Name	MI	Complete Social Security Number (SSN) or your Individual Taxpayer Identification Number (ITIN)	
Taxpayer's Current Mailing Address				
City			State	ZIP
If your current address is different from the address listed on your last tax return, please complete the information below.				
Address on last tax return filed				
City			State	ZIP
Please provide additional contact information below.				
Telephone Number ()	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	Best time(s) to call

Review each statement below, check the appropriate box, and fill in the blanks, where applicable.

1. The following document was sent to me by the Louisiana Workforce Commission (LWC) indicating I was paid unemployment benefits.
 - A notice dated on _____; or,
 - A 1099-G.
2. As a result of the document I received, I suspect I was a victim of identity theft because I:
 - Did not file a claim for unemployment benefits; or,
 - Did not receive the amount of unemployment benefits that were allegedly paid to me.
3. This incidence of identity theft has impacted the:
 - Processing of my state tax return;
 - Issuance of my tax refund; or,
 - Resolution of a tax bill or other issue.
4. The information regarding my most recent state tax filing is as follows. I:
 - Have already filed my Louisiana Individual Income Tax Return for the _____ tax year;
 - Have not filed my Louisiana Individual Income Tax Return for the _____ tax year yet; or,
 - Was not required to file a state tax return for the _____ tax year.
5. My signature below authorizes the LDR to share the information I have provided with the LWC and the Internal Revenue Service.

Check a box below and submit a photocopy of at least one of the following documents below with your form.

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).

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

Date Signed (mm/dd/yyyy)