Form **14039** (September 2021)

## Department of the Treasury - Internal Revenue Service

## **Identity Theft Affidavit**

**OMB Number** 1545-2139

This affidavit is for victims of identity theft. Do not use this form if you have already filed a Form 14039.

The IRS process for assisting victims selecting Section B, Box 1 below is explained at irs.gov/victimassistance.

Get an IP PIN: We encourage everyone to opt-in to the Identity Protection Personal Identification Number (IP PIN) program. If you don't have an IP PIN you can get one by going to irs.gov/ippin. If unable to do so online, you may schedule an appointment at your closest

<u>Faxpayer Assistance Center</u> by calling	(844-545	-5640). Or, if	f eligible	you may	use I	RS Form 1	5227 to apply for an	IP PIN by mail or FAX.
Section A - Check the following boxe	s in this	section tha	t apply t	o the sp	ecific	c situation	you are reporting (	required for all filers)
1. I am submitting this Form 14039	9 for myse	elf						
2. This Form 14039 is submitted in response to a 'Notice' or 'Letter' received from the IRS								
<ul> <li>Provide 'Notice' or 'Letter' number(s) on the <u>line to the right</u></li> <li>Check box 1 in <b>Section B</b> and see special mailing and faxing instructions on reverse side of this form.</li> </ul>								
3. I am submitting this Form 1403	=	_		-				
Complete Section E on rever			Jendent C	illa or ac	рсп	dent relativ	C	
<ul> <li>4. I am submitting this Form 14039 on behalf of another person (other than my dependent child or dependent relative)</li> <li>Complete Section E on reverse side of this form.</li> </ul>								
Section B – Reason For Filing This F	orm (requ	uired)						
Check only <b>ONE</b> of the following boxes submitted a Form 14039 to the IRS on								
1. Someone used my information	n to file t	taxes, inclu	ding bei	ng incor	rectly	y claimed	as a dependent	
2. I don't know if someone used	l my info	rmation to f	ile taxes	, but I'm	a vic	ctim of ide	ntity theft	
Provide an explanation of the identity theft issue, how it is related to your tax account, how you became aware of it and provide relevant dates. If needed, attach additional information and/or pages to this form.								
Section C – Name and Contact Inform	nation of	f Identity Th	eft Victi	<b>n</b> (require	d)			
/ictim's last name	First r	First name					Taxpayer Identification Number	
		initial (provide 9-digit Social Security Number				Security Number)		
Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, provide last known address			; or P.O.	Current city		State	ZIP code	
ax Year(s) you experienced identity	theft (if r	not known, en	ter 'Unkno	  wn' in one	hox l	below)	What is the la	st year you filed a
							return	, ,
Address used on last filed tax return	(if differen	at than 'Currer	nt')	City (on	lact t	ax return file	ed) State	ZIP code
duress used on last filed tax return	i (ii dillerei	it than Currer	н)	Oity (on	ιασι ια	ax returnine	otate	-
Names used on last filed tax return (if different than 'Current')		<b>Telephone number with area code</b> (optional) If deceased, indicate 'Deceased'						Best time(s) to call
anguage in which you would like to		phone num			Ce	ell phone nu	umber	
anguage in which you would like to				glish		] Spanish		
Section D – Penalty of Perjury Stater				and haliaf	the	information	a antarad on this Far	n 14020 is true correct
Under penalty of perjury, I declare that, complete, and made in good faith.	to the be	st of thy kno	wiedge a	iiiu dellet	, me	iiiioiiiiatioi	i entered on this For	ii 14039 is true, correct,
Signature of taxpayer, or representa	tive, cons	servator, pa	arent or (	guardian				Date signed
Submit this completed form to either	the mail	ling address	s or the	FAX num	ber	provided o	on the reverse side	 of this form.

Section E – Representative, Conservator, Parent or Guardian Info								
Check only <b>ONE</b> of the following five boxes next to the reason you are	e submitting this form							
<ul> <li>1. The taxpayer is deceased and I am the surviving spouse</li> <li>No attachments are required, including death certificate.</li> </ul>								
2. The taxpayer is deceased and I am the court-appointed or certified personal representative  Attach a copy of the court certificate showing your appointment.								
• Attach a copy of the court certificate showing your appointment.								
<ul> <li>3. The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed</li> <li>Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.</li> </ul>								
<ul> <li>Attach copy of death certificate of formal notification from a government office informing flext of kin of the decedent's death.</li> <li>Indicate your relationship to decedent:</li></ul>								
4. The taxpayer is unable to complete this form and I am the appointed conservator <u>or</u> have Power of Attorney/Declaration								
of Representative authorization per IRS Form 2848								
<ul> <li>Attach a <u>copy</u> of documentation showing your appointment</li> </ul>								
<ul> <li>If you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-digit number:</li> </ul>								
☐ 5. The person is my dependent child or my dependent relative								
By checking this box and signing below you are indicating that guardian, to file a legal document on the dependent's behalf.	t you are an authorized representative, as parent, guardian or legal							
<ul> <li>Indicate your relationship to person:  Parent/Legal Gu</li> </ul>	uardian							
Power of Attorne	<del></del>							
Representative's name								
Last name First name	e Middle initial							
Representative's current mailing address (city, town or post office, state, and ZIP code)								
Representative's telephone number								
Instructions for Submitting this Form								
Submit this completed and signed form to the IRS via Mail or FAX to								
In <b>Section C</b> of this form, be sure to include the Social Security Numb	er in the 'Taxpayer Identification Number' field.							
<ul><li>Help us avoid delays:</li><li>Choose one method of submitting this form either by Mail or by F</li></ul>	'AY not both							
<ul> <li>Provide clear and readable photocopies of any additional information</li> </ul>								
<ul> <li>Note that 'tax returns' may not be submitted to either the mailing address or FAX number.</li> </ul>								
Submitting by Mail	Submitting by FAX							
If you checked Box 1 in Section B in response to a notice or	If you checked Box 1 in Section B of Form 14039 and are							
letter received from the IRS, return this form and if possible, a	submitting this form in response to a notice or letter received							
copy of the notice or letter to the address contained in the	from the IRS. If it provides a FAX number, you should send							
notice or letter.	there.							
<ul> <li>If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/</li> </ul>	If no FAX number is shown on the notice or letter, follow the							
or secondary SSN was misused, attach this Form 14039 to the	mailing instructions on the notice or letter.							
back of your paper tax return and submit to the IRS location	Include a cover sheet marked 'Confidential'.							
where you normally file your tax return.	<ul> <li>If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), FAX this form toll-free to:</li> </ul>							
• If you've already filed your paper return, submit this Form	•							
14039 to the IRS location where you normally file. Refer to the	855-807-5720							
'Where Do You File' section of your return instructions or visit IRS. gov and input the search term 'Where to File'.								
<ul> <li>If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), mail this form to:</li> </ul>								
Department of the Treasury Internal Revenue Service								

## **Privacy Act and Paperwork Reduction Notice**

Fresno, CA 93888-0025

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 C