Average time to complete: 10 minutes

# Identity Theft Victim's Complaint and Affidavit

*A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit ftc.gov/idtheft to use a secure online version that you can print for your records.*

**Before completing this form:**

1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

## About You *(the victim)*

### Now

(1) My full legal name: _____
First Middle Last Suffix

(2) My date of birth: _____
mm/dd/yyyy

(3) My Social Security number: _____-_____-_____

(4) My driver's license: _____ _____
State Number

(5) My current street address:

_____
Number & Street Name Apartment, Suite, etc.

_____
City State Zip Code Country

(6) I have lived at this address since _____
mm/yyyy

(7) My daytime phone: (____)_____
My evening phone: (____)_____
My email: _____

Leave (3) blank until you provide this form to someone with a legitimate business need, like when you are filing your report at the police station or sending the form to a credit reporting agency to correct your credit report.

### At the Time of the Fraud

(8) My full legal name was: _____
First Middle Last Suffix

(9) My address was: _____
Number & Street Name Apartment, Suite, etc.

_____
City State Zip Code Country

(10) My daytime phone: (____)_____ My evening phone: (____)_____
My email: _____

Skip (8) - (10) if your information has not changed since the fraud.

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.

## About You *(the victim) (Continued)*

### Declarations

(11) I ☐ did OR ☐ did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services — or for any other purpose — as described in this report.

(12) I ☐ did OR ☐ did not receive any money, goods, services, or other benefit as a result of the events described in this report.

(13) I ☐ am OR ☐ am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

## About the Fraud

(14): Enter what you know about anyone you believe was involved (even if you don't have complete information).

(14) I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: _____
First Middle Last Suffix

Address: _____
Number & Street Name Apartment, Suite, etc.

_____
City State Zip Code Country

Phone Numbers: (____)_____ (____)_____

Additional information about this person: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(15) Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):

_____

_____

_____

_____

_____

_____

_____

(14) and (15): Attach additional sheets as needed.

## Documentation

(16) I can verify my identity with these documents:

☐ A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport).
*If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.*

☐ Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).

(16): Reminder: Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.

## About the Information or Accounts

(17) The following personal information (like my name, address, Social Security number, or date of birth) in my credit report is inaccurate as a result of this identity theft:

(A) _____

(B) _____

(C) _____

(18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company Name: _____

Company Name: _____

Company Name: _____

(19) Below are details about the different frauds committed using my personal information.

Name of Institution | Contact Person | Phone | Extension

Account Number | Routing Number | Affected Check Number(s)

Account Type: ☐ Credit ☐ Bank ☐ Phone/Utilities ☐ Loan
☐ Government Benefits ☐ Internet or Email ☐ Other

Select ONE:
☐ This account was opened fraudulently.
☐ This was an existing account that someone tampered with.

Date Opened or Misused (mm/yyyy) | Date Discovered (mm/yyyy) | Total Amount Obtained ($)

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Name of Institution | Contact Person | Phone | Extension

Account Number | Routing Number | Affected Check Number(s)

Account Type: ☐ Credit ☐ Bank ☐ Phone/Utilities ☐ Loan
☐ Government Benefits ☐ Internet or Email ☐ Other

Select ONE:
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☐ Government Benefits ☐ Internet or Email ☐ Other

Select ONE:
☐ This account was opened fraudulently.
☐ This was an existing account that someone tampered with.

Date Opened or Misused (mm/yyyy) | Date Discovered (mm/yyyy) | Total Amount Obtained ($)

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(19):
If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

*Contact Person*: Someone you dealt with, whom an investigator can call about this fraud.

*Account Number*: The number of the credit or debit card, bank account, loan, or other account that was misused.

*Dates*: Indicate when the thief began to misuse your information and when you discovered the problem.

*Amount Obtained*: For instance, the total amount purchased with the card or withdrawn from the account.

## Your Law Enforcement Report

(20) One way to get a credit reporting agency to quickly block identity theft-related information from appearing on your credit report is to submit a detailed law enforcement report ("Identity Theft Report"). You can obtain an Identity Theft Report by taking this form to your local law enforcement office, along with your supporting documentation. Ask an officer to witness your signature and complete the rest of the information in this section. It's important to get your report number, whether or not you are able to file in person or get a copy of the official law enforcement report. Attach a copy of any confirmation letter or official law enforcement report you receive when sending this form to credit reporting agencies.

Select ONE:

- ☐ I have not filed a law enforcement report.
- ☐ I was unable to file any law enforcement report.
- ☐ I filed an automated report with the law enforcement agency listed below.
- ☐ I filed my report in person with the law enforcement officer and agency listed below.

(20): Check "I have not..." if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable..." if you tried to file a report but law enforcement refused to take it.

*Automated report:* A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a face-to-face interview with a law enforcement officer.

_____
Law Enforcement Department State

_____ _____
Report Number Filing Date (mm/dd/yyyy)

_____
Officer's Name (please print) Officer's Signature

_____ (____)_____
Badge Number Phone Number

Did the victim receive a copy of the report from the law enforcement officer? ☐ Yes OR ☐ No

Victim's FTC complaint number (if available): _____

## Signature

**As applicable, sign and date *IN THE PRESENCE OF* a law enforcement officer, a notary, or a witness.**

(21) I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

_____ _____

Signature Date Signed (mm/dd/yyyy)

## Your Affidavit

(22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit.

_____

Notary

**Witness:**

_____ _____

Signature Printed Name

_____ _____

Date Telephone Number

| Form 14039<br>Rev. February 2014 | Department of the Treasury - Internal Revenue Service<br>**Identity Theft Affidavit** | OMB Number<br>1545-2139 |
|---|---|---|

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 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.

## THIS FORM MUST BE SIGNED ON THE REVERSE SIDE (SECTION F).

**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)

| 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)

| City | State | ZIP code |
|---|---|---|
| | | |

| 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 complete the next two lines)* |
|---|---|
| | |

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

| City (on last tax return filed) | State | ZIP code |
|---|---|---|
| | | |

**Section C – Telephone Contact Information** (Required for all filers)

| 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).

| Form 14039<br>Rev. February 2014 | Department of the Treasury - Internal Revenue Service<br>**Identity Theft Affidavit** | OMB Number<br>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.
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 |
|---|---|---|
| | | |

**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 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".<br><br>**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.<br><br>**If you checked Box 2 in Section A (you do not currently have a tax-related issue),** mail this form and documentation to:<br><br>**Internal Revenue Service**<br>PO Box 9039<br>Andover MA 01810-0939 | **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.<br><br>**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.**<br><br>**NOTE:** The IRS does not *initiate* 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.<br><br>**NOTE:** 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 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.