

Columbus, OH 43218-2847 Phone: (800) 282-1780 eFax: (206) 202-5703

E-mail: OhioIDTheft@tax.state.oh.us



Identity Theft Affidavit

Full legal name		
First name	M.I.	Last name
Address		
		State ZIP
Social Security number(only the last four digits are required)		
Daytime phone		
(enter only numbers, no dashes or parentheses)		
E-mail address		
You are required to attach a photocopy o	of your cu	urrent driver's license or state issued identification card.
What tax year(s) are you claiming your identity was sto	len?	
Were you an Ohio resident during the year your identity	y was stol	len? Yes 🔲 No 🛄
Were you required to file an Ohio individual income tax		
How did you learn of the identity theft?		
	_	
Have you contacted the Internal Revenue Service (IRS	;)? Yes L	
If Yes, and you have completed the IRS Form 14039 (Id	dentity Th	neft Affidavit), please attach a copy.
Have you filed a police report with your local police dep	partment?	Yes No
If Yes, please attach a copy of the police report. If no, it	t is recom	mended that you file a police report and provide us a copy of the report.
Do you have any knowledge of the individual(s) using y	/our Socia	al Security number? Yes 🔲 No 💭
If yes, please provide any information you have (i.e. na	me, addro	ess, phone number, etc.)
Were you incarcerated during the tax year in question? dates. Yes No	lf so, you	will need to provide documentation showing your admission and release
Failure to provide all the required documents in this affi	idavit may	y delay the resolution and/or render your claim unsubstantiated.
Your	<u>signatu</u>	re must be notarized
I declare under the penalty of perjury that the information	on contair	ned in this affidavit is true and correct to the best of my knowledge.
Signature		Date signed
Subscribed and sworn to me thisday of		. 20
		,
Signature of notary		_

If you are filing a paper income tax return, please mail this document to the appropriate address on the return. If you are submitting only this notarized affidavit, please mail to the address on this form.