



Department of Taxation

Tax Technical/ID Theft Research
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Identity Theft Affidavit

Full legal name _____
First name _____ M.I. _____ Last name _____

Address _____

City _____ 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 of your current driver's license or state issued identification card.

What tax year(s) are you claiming your identity was stolen? _____

Were you an Ohio resident during the year your identity was stolen? Yes No

Were you required to file an Ohio individual income tax return? Yes No

How did you learn of the identity theft?

Have you contacted the Internal Revenue Service (IRS)? Yes No

If Yes, and you have completed the IRS Form 14039 (Identity Theft Affidavit), please attach a copy.

Have you filed a police report with your local police department? Yes No

If Yes, please attach a copy of the police report. If no, it is recommended that you file a police report and provide us a copy of the report.

Do you have any knowledge of the individual(s) using your Social Security number? Yes No

If yes, please provide any information you have (i.e. name, address, phone number, etc.)

Were you incarcerated during the tax year in question? If so, you will need to provide documentation showing your admission and release dates. Yes No

Failure to provide all the required documents in this affidavit may delay the resolution and/or render your claim unsubstantiated.

Your signature must be notarized

I declare under the penalty of perjury that the information contained in this affidavit is true and correct to the best of my knowledge.

Signature Date signed

Subscribed and sworn to me this _____ day 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.