



IT TA Personal Income Tax P.O. Box 182847 Rev. 10/21 Columbus, OH 43218-2847 (800) 282-1780 Fax: (253) 234-1371 Ohio Relay Service (TDD/TTY) (800) 750-0750 tax.ohio.gov/idtheft

Identity Theft Affidavit Ohio IT TA

Section 1: Name and Contact Information of Identity Theft Victim							
Full le	gal name First name	 M.I.	Last name				
Addres	SS						
City			StateZIP code				
SSN (SSN (only the last four digits are required) Daytime phone						
E-mail	address						
<u>Sectio</u>	on 2: Identity Theft Victim Details						
	I am submitting the Ohio IT TA for myself.						
	I am submitting the Ohio IT TA in response to a "Notice" or "Letter" received from the Ohio Department of Taxation.						
Please provide "Notice" or "Letter" number(s)							
	I am submitting the Ohio IT TA on behalf of my dependent child or dependent relative.						
	 I am submitting the Ohio IT TA as the appointed conservator or due to being awarded power of attorney. I am submitting the Ohio IT TA on behalf of a deceased taxpayer. (If yes, include a copy of the death certificate.) 						
<u>Sectio</u>	Section 3: Reason for Filing This Form						
	Someone used my information to file taxes.						
	I don't know if someone used my information to file taxes, but I am a victim of identity theft.						
How did you learn of the identity theft?							
<u>Sectio</u>	on 4: Identity Theft Details						
What t	tax year(s) are you claiming your identity was sto	len?					
Were you an Ohio resident during the year your identity was stolen?							
Were	you required to file an Ohio individual income tax						
Were you incarcerated during the tax year(s) in question?							
Date(s) of incarceration:							
Loc	Location(s) of incarceration:						
<u>Sectio</u>	on 5: Employer or Preparer Data Breach						
Was your identity compromised because of an employer or preparer data breach?							
If yes, include a copy of the notification letter or e-mail provided by your employer or preparer.							
What i	s the name of your employer or preparer?						
What is the best contact number for your employer or preparer?							
lf knov	vn, when and how did the data breach occur?						
To respond electronically to this notice, visit tax.ohio.gov/ONRS							



Section 6: Additional Steps Recommended After Submission

- 1. Contact the Internal Revenue Service (IRS).
 - Include a copy of the Federal Form 14039 (Identity Theft Affidavit), if required by the IRS to be completed.
- 2. File a police report with your local police department.
 - Include a copy of the police report.
- 3. Contact the following organizations to notify them that your identity was stolen:
 - Federal Trade Commission: www.ftc.gov or call 1-877-438-4338
 - Social Security Administration: www.socialsecurity.gov or call 1-800-772-1213
 - Credit Bureaus

Equifax:	www.equifax.com	or call 1-800-525-6285
• Experian:	www.experian.com	or call 1-888-397-3742
• TransUnion:	www.transunion.com	or call 1-800-680-7289

4. Visit the following Web pages for additional identity theft resources:

- www.identitytheft.gov
- www.idtheftcenter.org

Section 7: Penalty of Perjury Statement and Signature

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this Ohio IT TA is true, correct, complete and made in good faith.

Signature of taxpayer, representative, conservator, parent or guardian Date signed (MM/DD/YY)

Printed name of taxpayer

Last four digits of taxpayer's SSN

Please allow the Department at least 60 days to review your response upon receipt. Failure to provide all the required documents in this affidavit may delay the resolution and/or render your claim unsubstantiated.

Submitting Affidavit Without Paper Income Tax Return	Submitting Affidavit With Paper Income Tax Return
Mail to:	NO Payment Included – Mail to:
Personal Income Tax	Ohio Department of Taxation
Manual Review Unit	P.O. Box 2679
P.O. Box 182847	Columbus, OH 43270-2679
Columbus, OH 43218-2847	
Fax to: (253) 234-1371	Payment Included – Mail to:
	Ohio Department of Taxation
	P.O Box 2057
	Columbus, OH 43270-2057