

IDENTITY THEFT AFFIDAVIT

Please complete and submit this form if you are a victim of tax related identity theft and would like the Pennsylvania Department of Revenue to open an identity theft claim and place a fraud trigger on your account to review for possible fraudulent activity.

SECTION I PERSONAL INFORMATION

Fill out all boxes with information of the identity theft victim.

Tax Year(s) Impacted and/or Date the Incident Occurred (If applicable or known.) Last PA Tax Year Return Filed (If not required to file, enter NRF.)

DLN (if applicable)(located on letter) Case Number (if already assigned) Last 4 Digits of SSN

Taxpayer's Name

Taxpayer's Current Street Address

City State ZIP Code

Street Address on Last PA Tax Return Filed

City State ZIP Code

Daytime Telephone Number Home Work Cell Best time(s) to Call

SECTION II QUESTIONNAIRE

Answer all questions "YES" OR "NO". Provide details and documents to support your claim if required.

1. Did you file an identity theft report with the police? Yes (please send copy of report) No (please explain)

2. Did you request that a fraud alert be placed on your credit report? Yes No (please explain below)

3. Have you reported this to the Social Security Administration? Yes No (please explain below)

4. Have you reported this to the IRS? Yes (please send copy of IRS Form 14039) No (please explain below)

5. I am aware of fraudulent tax returns filed with the following:

PA-40 (please list all years affected) _____

IRS 1040 (please list all years affected) _____

Other States (please specify) _____

REV-1196 IN (EX) 11-18

GENERAL INFORMATION

Please complete and submit this form if you are a victim of tax related identity theft and would like the Pennsylvania Department of Revenue to open an identity theft claim and place a fraud trigger on your account to review for possible fraudulent activity.

IN RESPONSE TO A LETTER

If you are submitting this form in response to a letter from the Pennsylvania Department of Revenue regarding an identity theft case, mail or fax this completed form (REV-1196) and any additionally requested documents along with a copy of the letter that you received to the address or fax number indicated on the initial letter.

REJECTED RETURN

If you are submitting this form because your electronic PA-40 Personal Income Tax return was rejected because of a filing already with the Pennsylvania Department of Revenue, mail this completed form (REV-1196) along with a signed copy of your PA-40 return, a copy of your government issued photo ID with current address, and a copy of your Social Security Card to the address listed below. You may also email all of this information to **RA-RVPITFRAUD@PA.GOV** or fax it to 717-705-4614.

**PA DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
FRAUD DETECTION AND ANALYSIS UNIT
PO BOX 280607
HARRISBURG, PA 17128-0607**

UNAWARE OF STATUS

If you are submitting this form because you have been a victim of Identity Theft but are not sure if your Pennsylvania tax account has been affected, mail this completed form (REV-1196) to the address listed below. You may also email this completed form to **RA-RVPITFRAUD@PA.GOV** or fax it to 717-705-4614.

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