



Identity Theft Affidavit
Ohio IT TA

 Personal Income Tax
 IT TA

 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

Section 1: Name and Contact Information of Identity Theft Victim

Full legal name		·
First name Address	M.I.	Last name
		_ StateZIP code
SSN (only the last four digits are required)		Daytime phone
E-mail address		
Section 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 "N	Notice" o	r "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 de		
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.)		
Section 3: Reason for Filing This Form		
Someone used my information to file taxes.		
I don't know if someone used my information to fi	le taxes,	but I am a victim of identity theft.
How did you learn of the identity theft?		
Section 4: Identity Theft Details		
What tax year(s) are you claiming your identity was stole	n?	
Were you an Ohio resident during the year your identity w	vas stole	n? Yes No
Were you required to file an Ohio individual income tax re	eturn?	Yes No
Were you incarcerated during the tax year(s) in question	?	Yes No
Date(s) of incarceration:		
Location(s) of incarceration:		
Section 5: Employer or Preparer Data Breach		
Was your identity compromised because of an employer	or prepa	rer data breach? Yes No
If yes, include a copy of the notification letter or e-mail	l provide	d by your employer or preparer.
What is the name of your employer or preparer?		
What is the best contact number for your employer or pre	parer?	
If known, 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

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

Mail to:
Personal Income Tax
Manual Review Unit
P.O. Box 182847
Columbus, OH 43218-2847
Fax to: (253) 234-1371

Submitting Affidavit With Paper Income Tax Return

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O Box 2057 Columbus, OH 43270-2057