



SHERIFF'S OFFICE

DALE K. SCHMIDT, SHERIFF

Identity Theft Victim's Packet

Information and Instructions

This packet is to be completed once you have contacted the Washington County Sheriff's Office and obtained a police report number related to your identity theft case. Please keep track of your report number as creditors, financial institutions and credit reporting agencies will ask for it.

My Washington County Sheriff's Office Report is:

This packet contains information to assist you in the correction of your credit and to help ensure that you are not responsible for the debts incurred by the identity thief. In addition, this packet includes information that will allow you to obtain financial records related to the fraudulent accounts and provide those records to law enforcement, without which we cannot conduct an investigation for prosecution. We recognize that some victims are only interested in the correction of their credit and do not necessarily wish for prosecution. *It is important to understand that in the event that a suspect is identified and arrested and the case proceeds to court, you as the victim would mostly likely be required to appear and testify.*

Completion of dispute letters that provide us with necessary documentation is required before we can begin investigating your case for prosecution. In identity theft cases it is difficult to identify the suspect(s) as they often use inaccurate information such as addresses and phone numbers. Often, the cell phones that identity thieves use are non-traceable prepaid phones or opened with fraudulent information. Frequently the investigator cannot find evidence to prove who actually used the victim's name and/or personal information over the phone or internet.

****** It is important to note that even if the suspect cannot be identified for prosecution, it will not affect your ability to correct the fraudulent accounts and remove them from your credit.***

NOTE:

- If you suspect someone is using your personal information for employment and there is no evidence of other identity fraud, please see the section for contacting the Social Security Administration under Additional Useful Information. Do not contact the employer directly as they may warn the suspect employee. It may not be necessary to complete this packet.
- If your name and/or information is used by someone else to avoid a traffic ticket or any criminal prosecution, please contact the agency investigating the original crime. It may not be necessary to complete this packet.



500 N. Schmidt Road, P.O. Box 1986, West Bend, WI 53095-7986
Phone: (262) 335-4378, Fax: (262) 335-4429

Helpful Hints:

- Remember that each creditor has different policies and procedures for correcting fraudulent accounts.
 - Do not provide originals and be sure to keep copies of everything you provide to the creditors or companies involved in the identity theft.
 - Write down all dates, times and the names of individuals you speak to regarding the identity theft and correction of your credit.
-

Step 1: Contact your bank and other credit card issuers.

If the theft involved **existing bank accounts** (checking or savings accounts as well as credit or debit card) you should do the following:

- Close the account that was used fraudulently or put stop payments on all outstanding checks that might have been written without your knowledge.
- Close all credit card accounts that were used fraudulently.
- Close any account accessible by debit card if it has been accessed fraudulently.
- Open up new accounts protected with a secret password or personal identification number (PIN).

If the identity theft involved the creation of **new bank accounts**, you should do the following:

- Call the involved financial institution and notify them of the identity theft.
 - They will likely require additional notification in writing. (see step 4)
-

Step 2: Contact all three (3) major credit reporting bureaus.

First request the credit bureaus place a "Fraud Alert" on your file. A fraud alert will put a notice on your credit report that you have been the victim of identity theft. Merchants and financial institutions **may** opt to contact you directly before any new credit is taken out in your name.

Some states allow for a Security Freeze in which a PIN can be designated on your credit file and subsequently the PIN must then be given in order for credit to be extended. Ask the credit reporting bureaus if your state is participating in the Security Freeze Program.

www.scamsafe.com – provides useful information related to identity theft and indicates which states participate in the Security Freeze program.

www.annualcreditreport.com – provides one free credit report, per credit bureau agency, per year, with subsequent credit reports available at a nominal fee.

The following is a list of the three (3) major credit reporting bureaus for victims to report fraud:

| | | |
|-------------------------|------------------------------|----------------------|
| Equifax | TransUnion | Experian |
| Consumer Fraud Division | Fraud Victim Assistance Dept | Nat. Consumer Assist |
| 800-525-6285 | 800-680-7289 | 888-397-3742 |
| P.O. Box 740256 | P.O. Box 6790 | P.O. Box 9530 |
| Atlanta, GA 30374 | Fullerton, CA 92834 | Allen, TX 75013 |

Step 3: File a report with the Federal Trade Commission.

You can go on-line to file an identity theft complaint with the FTC www.consumer.gov/idtheft.com or by calling 1-877-IDTHEFT.

Step 4: Contact creditors involved in the Identity Theft by phone and in writing.

This step involves contacting all the companies or institutions that provided credit or opened new accounts for the suspect or suspects. Some examples include banks, mortgage companies, utility companies, telephone companies, cell phone companies, etc. Provide the creditors with the completed Identity Theft Affidavit (some may require that you use their own affidavit), Letter of Dispute, and a copy of the FACTA Law.

FTC Identity Theft Affidavit

A copy of the FTC Identity Theft Affidavit can be found at the end of this packet. This is the same affidavit that the FTC makes available to victims of identity theft. The affidavit requests information regarding you as the victim, how the fraud occurred, law enforcement's actions, documentation checklist and Fraudulent Account Statement. NOTE. Some creditors, financial institutions, or collection agencies have their own affidavit that you may have to complete.

Letters of Dispute

Sample copies of the Letters of Dispute can also be found at the end of this packet. This letter needs to be completed for every creditor involved in the identity theft. The letter of dispute should contain information related to the fraudulent account(s), your dispute of the account(s), and your request for the information to be corrected. In addition, the letter should reference FACTA and make a request for copies of any and all records related to the fraudulent accounts be provided to you and made available to the Washington Co Sheriff Office.

FACTA Law

A portion of the FACTA Law can also be found at the end of this packet. As previously discussed in this packet, FACTA allows for you to obtain copies of any and all records related to the fraudulent accounts. You are then permitted to provide law enforcement with copies of the records you received related to the fraudulent accounts; thereby allowing us to bypass the sometimes difficult process of obtaining subpoenas for the very same information. It also allows you to request the information be made available to the Washington Co Sheriff Office. We have found it useful to provide a copy of the FACTA Law with the submission of the Identity Theft Affidavit and Letter of Dispute to the individual creditors.

Additional Useful Information

Other entities you may want to report your identity theft to:

- ✓ **Post Office** – *If you suspect that your mail has been stolen or diverted with a false change-of-address request, contact your local postal inspector. You can obtain the address and telephone number of the postal inspector for your area at United States Postal Service website: <http://www.usps.com/ncsc/locators/findis.html> or by calling 800-275-8777.*

- ✓ **Social Security Administration** – *If you suspect that someone is using your social security number to obtain employment, contact the Social Security Administration's fraud hotline at 1-800-269-0271. Order a copy of your Personal Earnings and Benefit Estimate Statement (PEBES) to check the accuracy of your work history on file with the Social Security Administration. You can obtain a PEBES application at your local Social Security office or at <http://www.ssa.gov/online/ssa-7004.pdf>.*

- ✓ **State Department** – *If your passport has been stolen, notify the passport office in writing. You can obtain additional information from the State Department's website: <http://travel.state.gov/reportppt.html>.*

- ✓ **If you are contacted by a collection agency** - *about a debt for which you are not responsible, immediately notify them that you did not create the debt and that you are a victim of identity theft. Follow up with the collection agency and creditor in writing and include a copy of your police report, ID Theft Affidavit, Letter of Dispute and a copy of the FACTA Law.*

Fair and Accurate Credit Transactions Act of 2003

PUBLIC LAW 108-159 DECEMBER 4, 2003

SEC. 151. SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS.

(a) IN GENERAL-

(1) SUMMARY- Section 609 of the Fair Credit Reporting Act (15 U.S.C. 1681g) is amended by adding at the end the following:

(d) SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS-

(1) IN GENERAL- The Commission, in consultation with the Federal banking agencies and the National Credit Union Administration, shall prepare a model summary of the rights of consumers under this title with respect to the procedures for remedying the effects of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor.

(2) SUMMARY OF RIGHTS AND CONTACT INFORMATION- Beginning 60 days after the date on which the model summary of rights is prescribed in final form by the Commission pursuant to paragraph (1), if any consumer contacts a consumer reporting agency and expresses a belief that the consumer is a victim of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor, the consumer reporting agency shall, in addition to any other action that the agency may take, provide the consumer with a summary of rights that contains all of the information required by the Commission under paragraph (1), and information on how to contact the Commission to obtain more detailed information.

(e) INFORMATION AVAILABLE TO VICTIMS-

(1) IN GENERAL- For the purpose of documenting fraudulent transactions resulting from identity theft, not later than 30 days after the date of receipt of a request from a victim in accordance with paragraph (3), and subject to verification of the identity of the victim and the claim of identity theft in accordance with paragraph (2), a business entity that has provided credit to, provided for consideration products, goods, or services to, accepted payment from, or otherwise entered into a commercial transaction for consideration with, a person who has allegedly made unauthorized use of the means of identification of the victim, shall provide a copy of application and business transaction records in the control of the business entity, whether maintained by the business entity or by another person on behalf of the business entity, evidencing any transaction alleged to be a result of identity theft to-

(A) the victim;

(B) any Federal, State, or local government law enforcement agency or officer specified by the victim in such a request; or

(C) any law enforcement agency investigating the identity theft and authorized by the victim to take receipt of records provided under subsection.

(2) VERIFICATION OF IDENTITY AND CLAIM- Before a business entity provides any information under paragraph (1), unless the business entity, at its discretion, otherwise has a high degree of confidence that it knows the identity of the victim making a request under paragraph (1), the victim shall provide to the business entity—

(A) as proof of positive identification of the victim, at the election of the business entity--

(i) the presentation of a government-issued identification card;

- (ii) personally identifying information of the same type as was provided to the business entity by the unauthorized person; or
 - (iii) personally identifying information that the business entity typically requests from new applicants or for new transactions, at the time of the victim's request for information, including any documentation described in clauses (i) and (ii); and
 - (B) as proof of a claim of identity theft, at the election of the business entity--
 - (i) a copy of a police report evidencing the claim of the victim of identity theft; and
 - (ii) a properly completed--
 - (I) copy of a standardized affidavit of identity theft developed and made available by the Commission; or
 - (II) an affidavit of fact that is acceptable to the business entity for that purpose.
- (3) PROCEDURES- The request of a victim under paragraph (1) shall--
 - (A) be in writing;
 - (B) be mailed to an address specified by the business entity, if any; and
 - (C) if asked by the business entity, include relevant information about any transaction alleged to be a result of identity theft to facilitate compliance with this section including--
 - (i) if known by the victim (or if readily obtainable by the victim), the date of the application or transaction; and
 - (ii) if known by the victim (or if readily obtainable by the victim), any other identifying information such as an account or transaction number.
- (4) NO CHARGE TO VICTIM- Information required to be provided under paragraph (1) shall be so provided without charge.
- (5) AUTHORITY TO DECLINE TO PROVIDE INFORMATION- A business entity may decline to provide information under paragraph (1) if, in the exercise of good faith, the business entity determines that--
 - (A) this subsection does not require disclosure of the information;
 - (B) after reviewing the information provided pursuant to paragraph (2), the business entity does not have a high degree of confidence in knowing the true identity of the individual requesting the information;
 - (C) the request for the information is based on a misrepresentation of fact by the individual requesting the information relevant to the request for information; or
 - (D) the information requested is Internet navigational data or similar information about a person's visit to a website or online service.

Name _____ Phone Number _____

ID Theft Affidavit

Victim Information

1. My full legal name is _____
(First) (Middle) (Last) (Jr., Sr., III)

2. (If different from above) When the events described in this affidavit took place, I was known as

(First) (Middle) (Last) (Jr., Sr., III)

3. My date of birth is _____
(day/month/year)

4. My Social Security Number is _____

5. My driver's license or identification card state and number are _____

6. My current address is _____
City _____ State _____ Zip _____

7. I have lived at this address since _____
(month/year)

8. (If different from above) When the events described in this affidavit took place, my address
was _____
City _____ State _____ Zip _____

9. I lived at the address in Item 8 from _____ until _____
(month/year) (month/year)

10. Daytime telephone number is (_____) _____
Evening telephone number is (_____) _____

How the Fraud Occurred

Check all that apply for items 11 – 17:

11. I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.

12. I did not receive any benefit, money, goods or services as a result of the events described in this report.

Name _____ Phone Number _____

13. My identification documents (for example, credit cards; birth certificates; driver's license; Social Security card; etc.) were:

stolen lost on or about _____
(day/month/year)

14. To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

Name (if known)

Name (if known)

Address (if known)

Address (if known)

Phone number(s) (if known)

Phone number(s) (if known)

Additional Information

Additional information

15. I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.

16. Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information)

(Attach additional pages as necessary.)

Name _____ Phone Number _____

Victim's Law Enforcement Actions

17. (check only one)

- I am willing to assist in the prosecution of the person(s) who committed this fraud.
- I am NOT willing to assist in the prosecution of the person(s) who committed this fraud.

18. (check only one)

- I am authorizing the release of this information to law enforcement for the purposes of assisting them in the investigation and prosecution of the person(s) who committed this fraud.
- I am NOT authorizing the release of this information to law enforcement for the purposes of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

19. (check all that apply) I have have not reported the events described in this affidavit to any other law enforcement agency. *In the event you have contacted the police or other law enforcement agency please complete the following information:*

| | |
|-----------------------------|---|
| _____ (Agency #1) | _____ (Officer/Agency Personnel taking report) |
| _____ (Date of Report) | _____ (Report Number, if any) |
| _____ (Phone Number) | |

| | |
|-----------------------------|---|
| _____ (Agency #2) | _____ (Officer/Agency Personnel taking report) |
| _____ (Date of Report) | _____ (Report Number, if any) |
| _____ (Phone Number) | |

Documentation Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

- 20. A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card, or your passport.) If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
- 21. Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill.

Name _____ Phone Number _____

22. A copy of the report filed with the police or sheriff's Office. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.

Signature

I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. 1001 or other federal, state or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

(Signature)

(Date Signed)

_____ My commission expires: _____
(Notary)

[Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.]

Witness:

(Signature)

(Printed Name)

(Date)

(Telephone Number)

Name _____ Phone Number _____

Fraudulent Account Statement

Completing the Statement

- Make as many copies of this page as you need. Complete a separate page for each company you're notifying and only send it to that company. Include a copy of your signed affidavit.
- List only the account(s) you're disputing with the company receiving this form. See the example below.
- If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (NOT the original).

I declare (check all that apply):

- As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

| Creditor Name/Address <small>(the company that opened the account or provided the goods or services)</small> | Account Number | Type of unauthorized Credit/goods/services Provided by creditor <small>(If known)</small> | Date Issued or Opened <small>(If known)</small> | Amount/Value Provided <small>(the amount charged or the cost of the goods/services)</small> |
|--|-----------------------|---|---|---|
| Example Example National Bank 22 Main Street Columbus, OH 22722 | 01234567-89 | Auto Loan | 01/05/2002 | \$25,500.00 |
| | | | | |
| | | | | |
| | | | | |

- During the time of the accounts described above, I had the following account open with your company:

Billing name: _____

Billing address: _____

Account number: _____

Sample Dispute Letter

Date

Your Name

Your Address, City, State, Zip Code

Complaint Department

Name of Company

Address

City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute the following information in my file. I have circled the items I dispute on the attached copy of the report I received.

This item (identify item(s) disputed by name of source, such as creditors or tax court, and identify type of item, such as credit account, judgment, etc.) is (inaccurate or incomplete) because (describe what is inaccurate or incomplete and why). I am requesting that the item be removed (or request another specific change) to correct the information.

Enclosed are copies of (use this sentence if applicable and describe any enclosed documentation, such as a police report, Identity Theft Affidavit, payment records, court documents) supporting my position. Please investigate this (these) matter(s) and (delete or correct) the disputed item(s) as soon as possible.

In addition, pursuant to FACTA as a victim of identity theft, I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below. In addition, please make these records available to the **Washington County Sheriff's Office** upon their request.

Sincerely,

Your name

Enclosures: (List what you are enclosing.)

Sample Dispute Letter For Existing Accounts

Date

Your Name

Your Address

Your City, State, Zip Code

Your Account Number

Name of Creditor

Billing Inquiries

Address

City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute a fraudulent (charge or debit) on my account in the amount of \$_____. I am a victim of identity theft, and I did not make this (charge or debit). I am requesting that the (charge be removed or the debit reinstated), that any finance and other charges related to the fraudulent amount be credited, as well, and that I receive an accurate statement.

Enclosed are copies of (use this sentence to describe any enclosed information, such as a police report or Identity Theft Affidavit) supporting my position. Please investigate this matter and correct the fraudulent (charge or debit) as soon as possible.

In addition, pursuant to FACTA, as a victim of identity theft, I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below). **In addition, please make these records available to the Washington County Sheriff's Office upon their request.**

Sincerely,

Your name

Enclosures: (List what you are enclosing.)



SHERIFF'S OFFICE

DALE K. SCHMIDT, SHERIFF

Steps to take if you become a victim

- File a report with the local police.
- File a complaint with the Federal Trade Commission at www.identitytheft.gov or the FTC Identity Theft Hotline at 1-877-438-4338 or TTY 1-866-653-4261.
- Contact one of the three major credit bureaus to place a 'fraud alert' on your credit records:
 - Equifax, www.Equifax.com, 1-800-525-6285
 - Experian, www.Experian.com, 1-888-397-3742
 - TransUnion, www.TransUnion.com, 1-800-680-7289
- Close any accounts opened without your permission or tampered with.

If your SSN is compromised and you know or suspect you are a victim of tax-related identity theft,

take these additional steps:

- Respond immediately to any IRS notice; call the number provided
- Complete IRS Form 14039, Identity Theft Affidavit. Use a fillable form at IRS.gov, print, then mail or fax according to instructions.
- Continue to pay your taxes and file your tax return, even if you must do so by paper.

If you previously contacted the IRS and **did not have a resolution**, contact the Identity Protection

Specialized Unit at 1-800-908-4490. They have teams available to assist.

Another website that may have additional information is:

<http://www.irs.gov/uac/Taxpayer-Guide-to-Identity-Theft>

Form **8821-A**

April 2012

Department of the Treasury
Internal Revenue Service**IRS Disclosure Authorization
for Victims of Identity Theft****For IRS Use Only**

Received by:

Name _____

Telephone _____

Function _____

Date _____

Taxpayer Information

| | | |
|---------------|------------------------|--------------------------|
| Taxpayer name | Social Security Number | Daytime telephone number |
|---------------|------------------------|--------------------------|

Taxpayer mailing address

| | | |
|------|-------|----------|
| City | State | ZIP code |
|------|-------|----------|

Tax year

Enter the tax year for which your return, and any purported return, was filed. If there are additional years, you must complete and submit another Form 8821-A for each year.

Taxpayer Consent

I, _____, consent for the Internal Revenue Service to disclose to
(Name of taxpayer)

_____, of
(Name and Title of recipient official)

_____,
(Name of State/Local law enforcement agency)

_____,
(Phone number)

_____,
(Street address of State/Local law enforcement agency (street, city, state, ZIP code))

any information related to the processing of my return, or any purported return that may have been filed by a third party using my name and/or social security number without my knowledge or consent, for the tax year listed above. This information includes the return I filed, any purported return filed by a third party, communications between myself and IRS personnel and any other information gathered or generated by the IRS in the processing of my return or any purported return, including the IRS's determination that such return was not my return. This information would **not** include the identity of, or any investigatory information regarding, the person(s) who may have filed the purported return.

I understand that the state or local law enforcement agency designated above may use this information to investigate and/or prosecute any person(s) who may have been involved in the filing of the purported return or other crimes related to the use of my identifying information. I further understand that the state or local law enforcement agency designated above may share this information with other law enforcement agencies directly involved in this or other investigations and/or prosecutions of crimes related to the use of my identifying information by these persons.

Taxpayer Signature

I certify that I am the taxpayer whose name and/or social security number was used to file my return, or any purported return. If signed by a guardian, executor, receiver, administrator, trustee or party other than the taxpayer, I certify that I have the authority to sign this form with respect to this matter.

Note: Do not sign this form if it is blank or incomplete. The IRS will only accept forms with original signatures.

| | | |
|-----------|------------|-------------|
| Signature | Print name | Date signed |
|-----------|------------|-------------|

IRS regulations require that this disclosure authorization be received by the IRS within 120 days of the date that it is signed by the taxpayer.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. This form authorizes the IRS to disclose your confidential tax information to the person/agency you appoint. This form is provided for your convenience and its use is voluntary. The information is used by the IRS to determine what confidential tax information your appointee can inspect and/or receive. Section 6103(c) and its regulations require you to provide this information if you want to appoint a designee to inspect and/or receive your confidential tax information. Under section 6109, you must disclose your social security or other taxpayer identification number. If you do not provide all the information requested on the form, we may not be able to honor the authorization. Providing false or fraudulent information may subject you to penalties. We may disclose this information to the Department of Justice for civil or criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to Federal and state agencies to enforce Federal non-tax criminal laws, or to Federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 9 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821-A simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send Form 8821-A to this address.

Instructions for Form 8821-A, IRS Disclosure Authorization for Victims of Identity Theft

General Instructions

This form is available only from IRS Criminal Investigation or state/local law enforcement agencies, as appropriate.

Purpose of Form

This form is an authorization signed by the taxpayer allowing the IRS to disclose the taxpayer's return, any purported return, and other related return information to state or local law enforcement in the event of possible identity theft. It may not be used for any other purpose.

When To File

The IRS must receive Form 8821-A within 120 days of the date it is signed and dated by the taxpayer. The IRS will consider forms received after 120 days invalid.

Where To File

The taxpayer will return the completed form to IRS Criminal Investigation or to state or local law enforcement as directed by the person who provided the form.

Social Security Number (SSN)

Social Security Numbers are used to identify taxpayer information with tax returns. It is important that you furnish the correct name and SSN, so that the IRS can respond to your request.

Specific Instructions

Taxpayer Information

Enter the taxpayer's name, SSN, and street address.

Tax Year

Enter the tax year for which the taxpayer's return and any purported return was filed. If there are additional years, you must complete and submit another Form 8821-A for each year.

Taxpayer Consent

Enter taxpayer name in the space provided. Enter the full name and title of the state or local law enforcement official to whom the described taxpayer information may be provided, as well as the name, address, and telephone number of the state or local law enforcement agency.

Taxpayer Signature

Sign and date the authorization. The IRS will only accept forms with original signatures.

Identity Theft Affidavit

Complete and submit this form if you are an actual or potential victim of identity theft and would like the IRS to mark your account to identify any questionable activity.

Check only one of the following two boxes if they apply to your specific situation. (Optional for all filers)

- I am submitting this form in response to a mailed notice or letter from the IRS.
I am completing this form on behalf of another person, such as a deceased spouse or other deceased relative. You should provide information for the actual or potential victim in Sections A, B, & D.

Note to all filers: Failure to provide required information on BOTH sides of this form AND clear and legible documentation will delay processing.

Section A - Reason For Filing This Form (Required for all filers)

Check only ONE of the following two boxes. You MUST provide the requested description or explanation in the lined area below.

1 I am a victim of identity theft AND it is affecting my federal tax records.

You should check this box if, for example, your attempt to file electronically was rejected because someone had already filed using your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), or if you received a notice or correspondence from the IRS indicating someone was otherwise using your number.

Provide a short explanation of the problem and how you were made aware of it.

2 I have experienced an event involving my personal information that may at some future time affect my federal tax records.

You should check this box if you are the victim of non-federal tax related identity theft, such as the misuse of your personal identity information to obtain credit. You should also check this box if no identity theft violation has occurred, but you have experienced an event that could result in identity theft, such as a lost/stolen purse or wallet, home robbery, etc.

Briefly describe the identity theft violation(s) and/or the event(s) of concern. Include the date(s) of the incident(s).

Section B - Taxpayer Information (Required for all filers)

Table with 4 columns: Taxpayer's last name, First name, Middle initial, The last 4 digits of the taxpayer's SSN or the taxpayer's complete Individual Taxpayer Identification Number (ITIN)

Taxpayer's current mailing address (apt., suite no. and street, or P.O. Box)

Table with 3 columns: City, State, ZIP code

Table with 2 columns: Tax year(s) affected (Required if you checked box 1 in Section A above), Last tax return filed (year) (If you are not required to file a return, enter NRF and do not answer the next two questions)

Address on last tax return filed (If same as current address, write "same as above")

Table with 3 columns: City (on last tax return filed), State, ZIP code

Section C - Telephone Contact Information (Required for all filers)

Table with 2 columns: Telephone number (include area code) Home Work Cell, Best time(s) to call

I prefer to be contacted in (select the appropriate language) English Spanish Other

Section D - Required Documentation (Required for all filers)

Submit this completed form and a clear and legible photocopy of at least one of the following documents to verify your identity. If you are submitting this form on behalf of another person, the documentation should be for that person. If necessary, enlarge the photocopies so all information and pictures are clearly visible.

Check the box next to the document(s) you are submitting:

- Passport Driver's license Social Security Card Other valid U.S. Federal or State government issued identification**

** Do not submit photocopies of federally issued identification where prohibited by 18 U.S.C. 701 (e.g., official badges designating federal employment).

Identity Theft Affidavit

Section E – Representative Information (Required only if completing this form on someone else's behalf)

If you are completing this form on behalf of another person, you **must** complete this section **and** attach **clear and legible** photocopies of the documentation indicated.

Check only **ONE** of the following four boxes next to the reason why you are submitting this form

- The taxpayer is deceased and I am the surviving spouse. *(No attachments are required)*
- The taxpayer is deceased and I am the court-appointed or certified personal representative. Attach a copy of the court certificate showing your appointment.
- The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed. Attach a copy of the death certificate or the formal notification from the appropriate government office informing the next of kin of the decedent's death. Indicate your relationship to the decedent: _____
- The taxpayer is unable to complete this form and I have been appointed conservator or have Power of Attorney (POA) authorization. Attach a copy of the documentation showing your appointment as conservator or your POA authorization. If you are the POA and have been issued a CAF number by the IRS, enter it here: _____

Representative's name

Current mailing address

| | | |
|------|-------|----------|
| City | State | ZIP code |
|------|-------|----------|

Section F – Penalty Of Perjury Statement and Signature (Required for all filers)

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

Signature of taxpayer or representative of taxpayer

Date signed

Instructions for Submitting this Form

Submit this form and **clear and legible** copies of required documentation using **ONE** of the following submission options.

Mailing **AND** faxing this form **WILL** result in a processing delay.

| By Mail | By FAX |
|--|---|
| <p>If you checked Box 1 in Section A and are unable to file your return electronically because the primary and/or secondary SSN was misused, attach this form and documentation to your paper return and submit to the IRS location where you normally file. If you have already filed your paper return, submit this form and documentation to the IRS location where you normally file. Refer to the "Where Do You File" section of your return instructions or visit IRS.gov and input the search term "Where to File".</p> <p>If you checked Box 1 in Section A and are submitting this form in response to a notice or letter received from the IRS, return this form and documentation with a copy of the notice or letter to the address contained in the notice or letter.</p> <p>If you checked Box 2 in Section A (you do not currently have a tax-related issue), mail this form and documentation to:</p> <p style="text-align: center;">Internal Revenue Service PO Box 9039 Andover MA 01810-0939</p> | <p>If you checked Box 1 in Section A and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX this completed form and documentation with a copy of the notice or letter to that number. Include a cover sheet marked "Confidential." If no FAX number is shown, follow the mailing instructions on the notice or letter.</p> <p>If you checked Box 2 in Section A (you do not currently have a tax-related issue), FAX this form and documentation to: (855) 807-5720.</p> <p>NOTE: The IRS does not <i>initiate</i> contact with taxpayers by email, fax, or any social media tools to request personal or financial information. Report unsolicited email claiming to be from the IRS and bogus IRS websites to phishing@irs.gov.</p> <p>NOTE: For more information about questionable communications purportedly from the IRS, visit IRS.gov and input the search term "Fake IRS Communications".</p> |

Other helpful identity theft information may be found on www.irs.gov/uac/Identity-Protection. Additionally, locations and hours of operation for Taxpayer Assistance Centers can be found at www.irs.gov (search "Local Contacts").

Note: The Federal Trade Commission (FTC) is the central federal government agency responsible for identity theft awareness. The IRS does not share taxpayer information with the FTC. Refer to the FTC's website at www.identitytheft.gov for additional information, protection strategies, and resources.

Privacy Act and Paperwork Reduction Notice

Our legal authority to request the information is 26 U.S.C. 6001.

The primary purpose of the form is to provide a method of reporting identity theft issues to the IRS so that the IRS may document situations where individuals are or may be victims of identity theft. Additional purposes include the use in the determination of proper tax liability and to relieve taxpayer burden. The information may be disclosed only as provided by 26 U.S.C. 6103. Providing the information on this form is voluntary. However, if you do not provide the information it may be more difficult to assist you in resolving your identity theft issue. If you are a potential victim of identity theft and do not provide the required substantiation information, we may not be able to place a marker on your account to assist with future protection. If you are a victim of identity theft and do not provide the required information, it may be difficult for IRS to determine your correct tax liability. If you intentionally provide false information, you may be subject to criminal penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see the form for filing instructions. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.