## A. Russell Hughes Superintendent of Schools



145 Park Street DeFuniak Springs, FL 32435 850.892.1100 Fax 850.892-1191 www.walton.k12.fl.us

April 12, 2017

MuckRock DEPT MR 35725 411A Highland Ave. Somerville, MA 02144-2516

## VIA CERTIFIED MAIL

Dear Ms. Pierce,

In response to your Public Records Request of April 5, 2017, staff has compiled the responsive records.

The Public Records Request indicated that you be provided the following:

Please provide copies of all reports in regards to the recent data breach and loss of employee W-2 information that occurred on or around February 10, 2017.

This communication is to indicate the responsive records are being mailed via United States Postal Service (USPS) using the information outlined below:

For mailed responses, please address (see note): MuckRock
DEPT MR 35725
411A Highland Ave
Somerville, MA 02144-2516

Should you have any questions, please let me know.

Sincerely,

Sonya Altord

Enclosures: PRR Documents- 4/5/17

"Making All Decisions in the Best Interest of Students"

## **VICTIM RIGHTS BROCHURE**

INFORMATION ABOUT YOUR RIGHTS AS A VICTIM OR WITNESS



Office of the Sheriff, Walton County Michael A. Adkinson, Jr., Sheriff

752 Triple G Road
DeFuniak Springs, FL 32433
(850) 892-8186
(850) 892-8111

We realize that for many persons, being a victim or witness to a crime is their first experience with the criminal justice system. While the emphasis of the system has been the investigation and prosecution of crime, all too often in the past the innocent victims and witnesses have been overlooked. In an effort to reduce this problem and advise victims & witnesses of help available to them, the following informational brochure is furnished.

Case No. 20/7-200/232/

Deputy's Name: \_\_\_

Office of the Sheriff, Walton County Michael A. Adkinson, Jr., Sheriff



Deputy/ID#

CFALL ###

752 Triple G Road

DeFuniak Springs, FL 32433

Office 850-892-8186

Fax 850-892-8532

www.waltonso.org

Form **14039**(April 2016)

Department of the Treasury - Internal Revenue Service
Identity Theff Affidevit

OMB Number

Complete this form if you need the IRS to mark an account to identify questionable activity		1545-2139
1   am submitting this Form 14020 for more!	reporting (/	Required for all filers)
☐ 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in <b>Section C</b> received IRS 'Notice CP 2000' or other IRS Notice CP 2000'	3. If person i	'n Section C received
	'Notice' or	'Letter'.
3. I am submitting this Form 14039 on behalf of my dependent.		
Please complete <b>Section F</b> on reverse side of this form. <b>Caution</b> : If you are filing this on behalf of a <b>Minor</b> or Dependent, filing this form will protect his or her prevent the dependent in <b>Section C</b> below from being claimed as a dependent by another person	φ	tax account but it will not
<ol> <li>I am submitting this Form 14039 on behalf of another person (other than my dependent).</li> <li>Please complete Section F on reverse side of this form.</li> </ol>		
Section B - Reason For Filing This Form (Required)		
Check only ONE of the following boxes that apply to the person listed in Section C below.		
1. Federal tax records <u>affected</u> and I am a victim of identity theft		
<ol> <li>Federal tax records <u>not affected</u> and I am a victim of identity theft, or an event has affected/compromised my personal information placing me at-risk to be a future victim of identity theft.</li> </ol>	npromised n	ny personal
Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.	ant dates.	
nd Contact Informat		
Middle initial	Yer	Identification Number
Vonco Famela		(NI to see all
Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.	known addr	ess.
Defunial Springs State		ZIP code
Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)		
2016		return was filed
Address used on last filed tax return (If different than 'Current')  Names used on last filed tax return (If different than 'Current')	'n (If different	than 'Current')
City (on last tax return filed)  State		ZIP code
Telephone number with area code (Optional) If deceased, please indicate 'Deceased' Best time(s)	me(s) to call	

Home telephone number

Cell phone number

Best time(s) to call

• If you checked Box 1 in Section B of Form 14039 and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX completed Form 14039 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 on the notice or letter, follow the mailing instructions on the notice or letter.  • If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), FAX this form and documentation toll-free to:  855-807-5720	• If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/or secondary SSN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IRS location where you normally file your tax return.  If you have already filed your paper return, submit this Form 14039 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'.  If you checked Box 1 in Section B and are submitting this Form 14039 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.
dicated to assist you. In <b>Section C</b> of this form, be sure to include your Social r Identification Number' field.  Please provide clear and readable photocopies. Note that 'tax returns' may	Submit this to the IRS via Mail or FAX to specialized IRS processing areas dedicated to assist you. In Section C of this form, Security Number or Individual Taxpayer Identification Number in the 'Taxpayer Identification Number' field.  Help us avoid delays:  Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies, not be submitted to either the mailing address or FAX number provided below.
	Instructions for Submitting this Form
	resentative's surrent mailing add
Debro	Representative's name  Last name  AoyCS  First name  Last four digits of Representative's Taxpayer ID number  Representative  Representative  Representative
The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.  By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.  o Indicate your relationship to minor:   Power of Attorney  The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.  By checking this box and signing below you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.  In Provided Provid	5. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.  By checking this box and signing below you are indicating that you are an authorized representative, as paguardian, to file a legal document on the child's behalf.  o Indicate your relationship to minor: ☐ Power of Attorney ☐ Fiduciary Relationship per legal formula ☐ Power of Attorney ☐ Power Ottorney ☐ Power of Attorney ☐ Power of Attorney ☐ Power Ottorney ☐ Power of Attorney ☐ Power Ottorney ☐ Power Otto
nt as conservator or POA authorization.  (CAF) number, enter the nine-digit number:	
The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed.  o Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.  o Indicate your relationship to decedent: Spouse Child Parent/Legal Guardian Other  The taxpayer is unable to complete this form and I am the appointed conservation.	<ul> <li>□ 3. The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed.         o Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent         o Indicate your relationship to decedent: □ Spouse □ Child □ Parent/Legal Guardian □ Other</li> <li>☑ 4. The taxpayer is unable to complete this form and I am the appointed conservator.</li> </ul>
are submitting this form  9. (No attachments are required, including death certificate)  or certified personal representative.  ent	<ul> <li>1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)</li> <li>2. The taxpayer is deceased and I am the court-appointed or certified personal representative.</li> <li>Attach a copy of the court certificate showing your appointment.</li> </ul>
Section F - Representative, conservator, parent or guardian information (Required if completing Form 14039 on someone else's behalf)  Check only ONE of the following five boxes post to the	Section F - Representative, conservator, parent or guardian in

Home telephone number Telephone number with area code (Optional) If deceased, please indicate 'Deceased' City (on last tax return filed) Address used on last filed tax return (If different than 'Current') Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Current mailing address (apartment or suite number and street Section C – Name and Contact Information of Identity Theft Victim or Potential Victim (Required) l axpayer's last name Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates Check only ONE of the following boxes that apply to the person listed in Section C below. Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal Federal tax records <u>affected</u> and I am a victim of identity theft 4. I am submitting this Form 14039 on behalf of another person (other than my dependent) I am submitting this Form 14039 on behalf of my dependent. 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received Form **14039** 1. I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. Please complete Section F on reverse side of this form. Please complete Section F on reverse side of this form. IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter' Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not prevent the dependent in **Section C** below from being claimed as a dependent by another person. Please provide 'Notice' or 'Letter' number(s) on the line to the right First name Department of the Treasury - Internal Revenue Service dentity Theft Affidavit or P.O. Box) If deceased, please provide last known address. Names used on last filed tax return (If different than 'Current') Middle initial Best time(s) to call State State Taxpayer Identification Number (Please novide vour 9-digit SSN or ITIN) ZIP code return was filed 32435 Last tax year a **OMB Number** 1545-2139

Cell phone number

Submitting by FAX  If you checked Box 1 in Section B of Form 14039 and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX completed Form 14039 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	If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/or secondary SN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IRS location where you normally file your tax return.  If you have aiready filed your paper return, submit this Form 14039 and documentation to the IRS location where you normally file.
	Submitting by Mail
dedicated to assist you. In <b>Section C</b> of this form, be sure to include your Social yer Identification Number' field.  th. Please provide clear and readable photocopies. Note that 'tax returns' may w.	Security Number or Individual Taxpayer Identification Number in the Taxpayer Identification Number in the Security Number or Individual Taxpayer Identification Number in the Taxpayer Identification Number field.  Help us avoid delays:  Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocomot be submitted to either the mailing address or FAX number provided below.
	Instructions for Summang this Form
State. ZIP code	
	Representative's current mailing address fant, suite no continued.
Representative's telephone number linclude area code)	Last four digits of Representative's Taxpayer ID number Repres
Debro	Last name NOVES First name
-	
By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.  o Indicate your relationship to minor:  Parent/Legal Guardian  Gother  Other  Other  Thinch' resides.  Parent, guardian or legal  Piduciary Relationship per IRS Form 56	By checking this box and signing below you are indicating that you guardian, to file a legal document on the child's behalf.  o Indicate your relationship to minor: Parent/Legal Guardian  Power of Attorney
	5. The victim or potential victim is a 'minor', 'Minor' as defined not the little in t
nent as conservator or POA authorization. File (CAF) number, enter the nine-digit number:	<ul> <li>Attach a <u>copy</u> of documentation showing your appointment as conservator or POA authorization.</li> <li>If you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-digit number:</li> </ul>
r are appointed conservator or have Power of Attorney/Declaration	of Representative authorization per IRS Form 2848.
	o Attach copy of death certificate or formal notification from a government office informing next on Indicate your relationship to decedent: Spouse Child Parent/Legal Guardian  4. The taxpayer is unable to complete this form and I am the appointed to the second to the
The taxpayer is deceased and a court-appointed or certified personal representative has not have	3. The taxpayer is deceased and a court-appointed or ce
ed or certified personal representative.	
use. (No attachments are required, including death certificate)	In a taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
or are submitting this form	

7 1/020		
(April 2016)	Identity Theft Affidavit	OMB Number
Complete this form if you	Complete this form if you need the IRS to mark an account to identify questionable activity	8012-0401
3ection A - Check the fi	section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)	ting (Required for all filers)
<ul><li>2. I am submitting th</li></ul>	nis Form 14039 in response to a mailed (Notice)	
IRS 'Notice CP 20 • Please provide	uce or Letter received from the IRS. If ie, follow the instructions on that IRS 'No the right	person in <b>Section C</b> received stice' or 'Letter'.
т -	Please complete <b>Section F</b> on reverse side of this form.	
prevent the depe	Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not prevent the dependent in Section C below from being claimed as a dependent by another name.	ax account but it will not
4. I am submitting thi	<ul> <li>4. I am submitting this Form 14039 on behalf of another person (other than my dependent).</li> <li>Please complete Section F on reverse side of this form.</li> </ul>	
Section B - Reason For	Section B - Reason For Filing This Form (Required)	
Check only <b>ONE</b> of the fol	Check only ONE of the following boxes that apply to the person listed in Section C below.	
ب د	rederal tax records affected and I am a victim of identity theft	
information placing	Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal information placing me at-risk to be a future victim of identity theft, or an event has affected/compromised my personal	sed my personal
Please provide an explan	Please provide an explanation of the identity theft issue, how you become aware of it and a second	
Section C - Name and Co	- Name and Contact Information of Identity Theft Victim or Potential Victim (Required)	
l axpayer's last name	First name Middle initial Tayravar	
Hartzog	Randella A	Raxpayer identification Number (Please provide vour 9-diait SSN or ITIN)
Current mailing address (apartment or suite nu	apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.	address
City A LOGU	000 1	
Crestnew	State	ZIP code
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Address used on last first		return was filed
Delli 1881 III ea	Names used on last filed tax return (If different than 'Current')  Names used on last filed tax return (If different than 'Current')	different than 'Current')
City (on last tax return filed)	State	ZIP code
Home telephone number	Home telephone number with area code (Optional) If deceased, please indicate (Deceased)  Best time(s) to call	call

guardian, to file a legal document on the child's behalf.
o Indicate your relationship to minor: ☐ Parent/Legal Guardian ☐ Fiduciary Relationship per IRS Form 56 ☐ Power of Attorney ☐ Other ☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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Last name Noves First name 7/2/2
Last four digits of Representative's Taxpaver ID number Representative's tax
(include area code)
Representative's current mailing address (apt., suite no. and street, or P.O. Box)
City
State ZIP code
Instructions for Submitting this Form
Submit this to the IRS via Mail or FAX to specialized IRS processing areas dedicated to assist you. In Section C of this form, be sure to include your Social Security Number or Individual Taxpayer Identification Number in the Taxpayer Identification Number field
Help is avoid delanar impayor remunication number in the Taxpayer Identification Number field

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The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.

o Attach a copy of documentation showing your appointment as conservator or POA authorization.

If you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-digit number:

of Representative authorization per IRS Form 2848.

By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal

×

Submitting by Mail

not be submitted to either the mailing address or FAX number provided below

Help us avoid delays:

Security Number or Individual Taxpayer Identification Number in the 'Taxpayer Identification Number' field.

Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies. Note that 'tax returns' may

input the search term 'Where to File'. documentation to the IRS location where you normally file. Refer to the If you have already filed your paper return, submit this Form 14039 and 'Where Do You File' section of your return instructions or visit IRS.gov and

and documentation with a copy of the notice or letter to the address in response to a notice or letter received from the IRS, return this form If you checked Box 1 in Section B and are submitting this Form 14039

> ith a copy of the notice or letter to that number. Box 1 in Section B of Form 14039 and are submitting AX number, EAX completed Form 14039 and ponse to a notice or letter received from the IRS that

Submitting by FAX

• If you checked Box 2 in Section B of Form 14039 (no current taxon the notice or letter, follow the mailing instructions on the notice or letter. related issue), FAX this form and documentation toll-free to: cover sheet marked 'Confidential'. If no FAX number is shown

	Telephone number with area code (Optional) If deceased, please indicate 'Deceased'  Best time(s) to call	Telephone number with area code (
ZIP code	State Z	City (on last tax return filed)
different than 'Current')	Names used on last filed tax return (#	rwuress asso on last nied tax return (If different than 'Current')
Last tax year a return was filed	own, other Unknown in one of the boxes below)	2016
ZIP code 3243	Tax Year(s) in which you experienced identify theft (if not beautify).	Tax Year(s) in which you experient
ess,	Suite number and street, or P.O. Box) If deceased, please provide last known address.	1000 MC CINDON K
Identification Number	Onita Middle initial Taxpayer  [Pleass am	HiNote
	ntity Theft Victim or Potential	Taxpayer's last name
		AND HANDER
	the identity then issue, how you became aware of it and provide relevant dates.	and the second of the second o
ny personal	rederal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal information placing me at-risk to be a future victim of identity theft.	<ul> <li>- Federal tax records not at information placing me at-rice</li> <li>- Please provide an explanation of</li> </ul>
	1. Federal tax records affected and I am a victim of identity theft	1. Federal tax records <u>affect</u>
	S Form (Required)	Check only ONE of the following horses that apply to
	am submitting this Form 14039 on behalf of another person (other than my dependent).  • Please complete Section F on reverse side of this form.	4. I am submitting this Form 1  • Please complete Section
tax account but it will not	dent, filing this form will protect his or her ned as a dependent by another person.	. 70
person in Section C received	'Notice' or 'Letter' received from the IRS. If come, follow the instructions on that IRS 'No ine to the right	☐ 2. I am submitting this Form IRS 'Notice CP 2000', or o • Please provide 'Notice' ☐ 3. I am submitting this Form '
Required for all	1. I am submitting this Form 14039 for myself	1. I am submitting this Form 14039 for myself
	Section A - Check the following boxes in this section that a little destionable activity.	Section A - Check the following
OMB Number 1545-2139	Identity Theft Affidavit	(April 2016)
	Department of the Treasury - Internal Daysons Control	Form <b>14039</b>

Home telephone number Telephone number with area code (Optional) If deceased, please indicate 'Deceased' City (on last tax return filed) Address used on last filed tax return (If different than 'Current') Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address. 265 Boh Mc(askill D) Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required) Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates. axpayer's last name Check only ONE of the following boxes that apply to the person listed in Section C below. Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. Federal tax records <u>affected</u> and I am a victim of identity theft 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal 4. I am submitting this Form 14039 on behalf of another person (other than my dependent) I am submitting this Form 14039 on behalf of my dependent. Form **14039** 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received 1. I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. Please complete Section F on reverse side of this form. Please complete Section F on reverse side of this form. IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter' Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not prevent the dependent in **Section C** below from being claimed as a dependent by another person. Please provide 'Notice' or 'Letter' number(s) on the line to the right **とかて**かなら First name 7.0 Cell phone number Department of the Treasury - Internal Revenue Service 大 大 人 dentity Theft Affidavit Names used on last filed tax return (If different than 'Current') Middle initial State Best time(s) to call State Taxpayer Identification Number (Please omvide were admit SSN or ITIN) ZIP code return was filed Last tax year a 32433 OMB Number 1545-2139

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5. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.  By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.  o Indicate your relationship to minor.  Parentil coal Condition	o Attach a <u>copy</u> of documentation showing your appointment as conservator or POA authorization. o If you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-digit number:	o Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.  o Indicate your relationship to decedent:  Spouse  Child  Parent/Legal Guardian  Other  4. The taxpayer is unable to complete this form and I am the appointed conservator or have Power of Attorney/Declaration of Representative authorization per IRS Form 2848.		<ol> <li>The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)</li> <li>The taxpayer is deceased and I am the court-appointed or certified personal representation.</li> </ol>	Citeck only ONE of the following five boxes next to the reason you are submitting this form

Ş Instructions for Submitting this Form Representative's current mailing address (apt., suite no. and street, or P.O. Box) Representative's name Last four digits of Representative's Taxpayer ID number Last name **₹0/3** Fower of Attorney Representative's telephone number (include area code) First name X Other Kepor 7IP rade Middle initial Dieger-Mishing attack

Submit this to the IRS via Mail or FAX to specialized IRS processing areas dedicated to assist you. In Section C of this form, be sure to include your Social Security Number or Individual Taxpayer Identification Number in the Taxpayer Identification Number' field. Help us avoid delays:

Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies. Note that 'tax returns' may not be submitted to either the mailing address or FAX number provided below

your tax return electronically because the primary and/or secondary SSN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IDS beauty.	Submitting by Mail
If you checked Box 1 in Section B of F this form in response to a notice or les shows a reply FAX number. FAX come	Submitting by FAX

input the search term 'Where to File'. 'Where Do You File' section of your return instructions or visit IRS.gov and documentation to the IRS location where you normally file. Refer to the If you have already filed your paper return, submit this Form 14039 and

your tax return.

paper tax return and submit to the IRS location where you normally file

- If you checked Box 1 in Section B and are submitting this Form 14039 and documentation with a copy of the notice or letter to the address in response to a notice or letter received from the IRS, return this form
- documentation with a copy of the notice or letter to that number. shows a reply FAX number, FAX completed Form 14039 and this form in response to a notice or letter received from the IRS that bmitting
- If you checked Box 2 in Section B of Form 14039 (no current taxon the notice or letter, follow the mailing instructions on the notice or letter. Include a cover sheet marked 'Confidential'. If no FAX number is shown
- related issue). FAX this form and documentation toll-free to:

Home telephone number Telephone number with area code (Optional) If deceased, please indirect City (on last tax return filed) Address used on last filed tax return (If different than 'Current') Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address. Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required) Taxpayer's last name Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates Check only ONE of the following boxes that apply to the person listed in Section C below. Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. I am submitting this Form 14039 on behalf of another person (other than my dependent) 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal Federal tax records <u>affected</u> and I am a victim of identity theft I am submitting this Form 14039 on behalf of my dependent. Form **14039** 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received 1. I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. Please complete **Section F** on reverse side of this form. Please complete Section F on reverse side of this form. IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter' Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not prevent the dependent in **Section C** below from being claimed as a dependent by another person. Please provide 'Notice' or 'Letter' number(s) on the line to the right lacqueline Department of the Treasury - Internal Revenue Service dentity Theft Affidavit Names used on last filed tax return (If different than 'Current') Middle initial Best time(s) to call State Taxpayer Identification Number (Diagonmide 1011, 9 dinit CCNL or LTIN) ZIP code return was filed Last tax year a OMB Number 1545-2139

Cell phone number

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Page 2

Form **14039** 

Department of the Treasury - Internal Revenue Se

	Rest time(s) to call			Cell phone numbo		Home telephone number	T
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different than 'Current')	c return (If different t	realities used on last filed tax return (#				City (on last tax return filed)	$\circ$
etain was filed			Name of the second	If different than 'Current')	tax return (	Address used on last filed tax return (if different than 'Current')	
Last tax year a		one of the boxes	enter 'Unknown' in	Sentity diett (II not known,		2016	
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	e relevant dates.	or it and provide	o became aware	provide relevant			
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Required for all filers)	ou are reporting /F	ific situation yo	ply to the spec	1 Jam submitting this Econ 11000 f	this Form 440	1 I am submitting	
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1545-2139		idavit	identity i nett Affidavit	luentity		Complete this form if we	
OMB Number		vevenue Service		12>54:4.		(April 2016)	

Page 2

Home telephone number Telephone number with area code (Optional) If deceased, please indicate 'n----City (on last tax return filed) Address used on last filed tax return (If different than 'Current') Tax Year(s) If which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Current mailing address (apartment or suite number Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required) l axpayer's last name Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates Check only ONE of the following boxes that apply to the person listed in Section C below. Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal Federal tax records affected and I am a victim of identity theft 4. I am submitting this Form 14039 on behalf of another person (other than my dependent) I am submitting this Form 14039 on behalf of my dependent. perce Form **14039** 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. Please complete **Section F** on reverse side of this form. IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'. Please complete Section F on reverse side of this form. prevent the dependent in **Section C** below from being claimed as a dependent by another person. Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not Please provide 'Notice' or 'Letter' number(s) on the line to the right Department of the Treasury - Internal Revenue Service dentity Theft Affidavit Names used on last filed tax return (If different than 'Current') If deceased, please provide last known address. Middle initial Best time(s) to call State Nate State Taxpayer Identification Number (Please nmuide worr a\_dinit SSN or LTIN) ZIP code return was filed Last tax year a OMB Number 1545-2139

Cell phone number,

Submit this to the IRS via Mail or FAX to specialized IRS processing areas dedicated to assist you. In Section C of this form, be sure to include your Social Security Number or Individual Taxpayer Identification Number in the 'Taxpayer Identification Number' field.

Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies. Note that 'tax returns' may

<ul> <li>If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/or secondary SSN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IRS location where you normally file your tax return.</li> </ul>	Submitting by Mail
If you checked Box 1 in Section B of Form 14039     this form in response to a notice or letter receive shows a reply FAX number, FAX completed Form documentation with a copy of the notice or letter.	

input the search term 'Where to File' 'Where Do You File' section of your return instructions or visit IRS gov and documentation to the IRS location where you normally file. Refer to the If you have already filed your paper return, submit this Form 14039 and

your tax return.

If you checked Box 1 in Section B and are submitting this Form 14039 and documentation with a copy of the notice or letter to the address in response to a notice or letter received from the IRS, return this form

- Include a cover sheet marked 'Confidential'. If no FAX number is shown documentation with a copy of the notice or letter to that number. shows a reply FAX number, FAX completed Form 14039 and ved from the IRS that 39 and are submitting
- If you checked Box 2 in Section B of Form 14039 (no current taxon the notice or letter, follow the mailing instructions on the notice or letter. related issue), FAX this form and documentation toll-free to:

Home telephone number Telephone number with area code (Optional) If deceased, please indicate 'Daceased' City (on last tax return filed) Address used on last filed tax return (If different than 'Current') Fax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Section C – Name and Contact Information of Identity Theft Victim or Potential Victim (Required) axpayer's last name Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates Check only ONE of the following boxes that apply to the person listed in Section C below Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal Federal tax records affected and I am a victim of identity theft 4. I am submitting this Form 14039 on behalf of another person (other than my dependent): I am submitting this Form 14039 on behalf of my dependent. 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received 1. I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. Please complete Section F on reverse side of this form. Please complete Section F on reverse side of this form. IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter' prevent the dependent in **Section C** below from being claimed as a dependent by another person. Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not Please provide 'Notice' or 'Letter' number(s) on the line to the right nent or suite number and street, or P.O. Box) If deceased, please provide last known address. First nam Department of the Treasury - Internal Revenue Service Cell phone numb dentity Theft Affidavit Names used on last filed tax return (If different than 'Current') Middle initial Rest time(s) to call State Taxpayer Identification Number ZIP code return was filed Last tax year a MITI TO INDO NILL OMB Number 1545-2139

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Cell phone number

Submitting by FAX  If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/or secondary SSN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IRS location where you normally file fyou have already filed your paper return, submit this Form 14039 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 in response to a notice or letter to that number. If you checked Box 2 in Section B of Form 14039 and coumentation with a copy of the notice or letter. If you checked Box 2 in Section B of Form 14039 and coumentation with a copy of the notice or letter. If you checked Box 2 in Section B of Form 14039 and coumentation with a copy of the notice or letter to that number. If you checked Box 2 in Section B of Form 14039 and coumentation with a copy of the notice or letter to that number. If you checked Box 2 in Section B of Form 14039 and coumentation with a copy of the notice or letter to that number. If you checked Box 2 in Section B of Form 14039 and occumentation with a copy of the notice or letter to that number. If you checked Box 2 in Section B of Form 14039 and If you checked Box 2 in Section B of Form 14039 and If you checked Box 2 in Section B of Form 14039 and If you checked Box 2 in Section B of Form 14039 and If you checked Box 2 in Section B of Form 14039 and If you checked Box 2 in Section B of Form 14039 and If you checked Box 2 in Section B of Form 14039 and If you checked Box 2 in Section B of Form 14039 and If you checked Box 2 in Section B of Form 14039 (no current tax- related issue), FAX this form and documentation toll-free to:  855-807-5720	ed IRS processing areas dedicated to assist you. In <b>Section C</b> of this form, I ion Number in the 'Taxpayer Identification Number' field.  by Mail or by FAX, not both. Please provide clear and readable photocopies.  AX number provided below.	City State	Representative's name  Last four digits of Representative's Taxpayer ID number  Representative's current mailing address (apt. suite no and street, or P.O.    Parent/Legal Guardian   Fiduciary Relationship per IR     Representative's name   Power of Attorney   First name   Power of Attorney   Power of Att	8. intraent as conservator or POA authorization. on File (CAF) number, enter the nine-digit num is defined per the state in which 'minor' reside ting that you are an authorized representative or	you are submitting this form  ouse. (No attachments are required, including death ited or certified personal representative. intrnent.  certified personal representative has not bee from a government office informing next of kin o  Child
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Home telephone number Telephone number with area code (Optional) If deceased, please indicate 'Deceased' City (on last tax return filed) Address used on last filed tax return (If different than 'Current') Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide tast known address. Section C – Name and Contact Information of Identity Theft Victim or Potential Victim (Required) l axpayer's last name Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates Check only ONE of the following boxes that apply to the person listed in Section C below Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal Federal tax records affected and I am a victim of identity theft 4. I am submitting this Form 14039 on behalf of another person (other than my dependent) I am submitting this Form 14039 on behalf of my dependent. Form **14039** 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received 1. I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. Please complete Section F on reverse side of this form. (April 2016) IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter' Please complete Section F on reverse side of this form. prevent the dependent in **Section C** below from being claimed as a dependent by another person. Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not Please provide 'Notice' or 'Letter' number(s) on the line to the right First name Beac venue Cell phone number Department of the Treasury - Internal Revenue Service Identity Theft Affidavit Names used on last filed tax return (If different than 'Current') Middle initial Best time(s) to call State Taxpayer Identification Number (Please provide vour 9-digit SSN or ITIN) ZIP code return was filed Last tax year a OMB Number 1545-2139

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Submitting by FAX  If you checked Box 1 in Section B of Form 14039 and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX completed Form 14039 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 on the notice or letter, follow the mailing instructions on the notice or letter. If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), FAX this form and documentation toll-free to:  855-807-5720	• If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/or secondary SSN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IRS location where you normally file your tax return.  If you have already filed your paper return, submit this Form 14039 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'.  If you checked Box 1 in Section B and are submitting this Form 14039 and documentation with a copy of the notice or letter to the address
sse provide clear and readable photocopies. Note that 'tax returns' may	Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies. not be submitted to either the mailing address or FAX number provided below.
ted to assist you. In <b>Section C</b> of this form, be sure to include your Social ntification Number' field.	Instructions for Submitting this Form  Submit this to the IRS via Mail or FAX to specialized IRS processing areas dedicated to assist you. In Section C of this form, be sure to include your Social Security Number or Individual Taxpayer Identification Number in the Taxpayer Identification Number field.
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per the state in which 'minor' resides.  The state in which 'minor' resides.	□ 5. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' reside.  By checking this box and signing below you are indicating that you are an authorized representative, as guardian, to file a legal document on the child's behalf.  o Indicate your relationship to minor: □ Parent/Legal Guardian □ Fiduciary Relationship per the state in which 'minor' reside.  By checking this box and signing below you are an authorized representative, as guardian, to file a legal document on the child's behalf.  O Indicate your relationship to minor: □ Power of Attorney
s conservator or POA authorization.  AF) number, enter the nine-digit number:	o Attach a <u>copy</u> of documentation showing your appointment as conservator or POA authorization. o If you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-digit num
personal representative has not been appointed.  vernment office informing next of kin of the decedent's death.  d	4
submitting this form  o attachments are required, including death certificate)  ertified personal representative.	<ol> <li>The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death</li> <li>The taxpayer is deceased and I am the court-appointed or certified personal representative.</li> <li>Attach a copy of the court certificate showing your appointment.</li> <li>The taxpayer is deceased and a court certified personal representative.</li> </ol>
nation (Required if completing Form 14039 on someone else's behalf)	Section F - Representative, conservator, parent or guardian information (Required if completing Form 14039) Check only ONE of the following five boxes part to the recognition.

Home telephone number Telephone number with area code (Optional) If deceased, please indianta (Dannana) City (on last tax return filed) Address used on last filed tax return (If different than 'Current') Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Current majjing addi l axpayer's last name Section C – Name and Contact Information of Identity Theft Victim or Potential Victim (Required) Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates. Check only ONE of the following boxes that apply to the person listed in Section C below. Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal Federal tax records <u>affected</u> and I am a victim of identity theft 4. I am submitting this Form 14039 on behalf of another person (other than my dependent) Form **14039** 3. I am submitting this Form 14039 on behalf of my dependent. 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received 1. I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. Please complete **Section F** on reverse side of this form. IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter' Please complete Section F on reverse side of this form. prevent the dependent in Section C below from being claimed as a dependent by another person. Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not Please provide 'Notice' or 'Letter' number(s) on the line to the right S (apartment or suits First name Jumber afd street, or P.O. Box) If deceased, please provide last known address:---Department of the Treasury - Internal Revenue Service Identity Theft Affidavit Names used on last filed tax return (If different than 'Current') Middle initial LBest time(s) to ca" State Taxpayer Identification Number (Please nowide wow a dinit SSN or ITIN) ZIP code return was filed Last tax year a OMB Number 1545-2139

Cell phone numbe \*

□ 2. The tarpayer is deceased and I am the court-appointed or cartified personal representative.  □ 3. The tarpayer is deceased and a court-appointed or cartified personal representative.  □ 4. The tarpayer is deceased and a court-appointed or cartified personal representative.  □ 5. The tarpayer is deceased and a court-appointed or cartified personal representative has not been appointed.  □ 6. Attach copy of death cartificate or formal notification from a government office informing nead of knot then appointed.  □ 6. The tarpayer is unable to complete this form and it am the appointed conservator or these appointed.  □ 7. The tarpayer is unable to complete this form and it am the appointed conservator or these power of Attorney/Declaration.  □ 1. The tarpayer is unable to complete this form and it am the appointed conservator or the value of knot of the decedent's death.  □ 6. The victim or potential victim is a "minor". Whor' as defined per the state in which 'minor' reades.  □ 8. The victim or potential victim is a "minor". Whor' as defined per the state in which 'minor' reades.  □ 8. The victim or potential victim is a "minor". Whor' as defined per the state in which 'minor' reades.  □ 8. The victim or potential victim is a "minor". Whor' as defined per the state in which 'minor' reades.  □ 8. The victim or potential victim is a "minor". Whor' as defined per the state in which 'minor' reades.  □ 8. The victim or potential victim is a "minor". Whor' as defined per the state in which 'minor' reades.  □ 8. The victim or potential victim is a "minor". Whor' as defined per the state in which 'minor' reades.  □ 8. On indicate your relationship to minor. □ Parential state of the state in which 'minor' reades.  □ 8. On indicate your relationship to minor. □ Parential state of the state in which 'minor' reades.  □ 8. On indicate your relationship to minor. □ Parential state of the state in which 'minor' reades.  □ 8. On indicate your relationship to minor. □ Parential state of the state in which 'minor' reades.  □
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Form **14039** (April 2016)

Department of the Treasury - Internal Revenue Service Identity Theff Affidavit

OMB Number

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	de relevant dates.	riease provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates	nexplanation of the identity theft issues	Flease provide an
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1545-2139			-	

Home telephone number Telephone number with area code (Optional) If deceased, please indicate 'Deceased' City (on last tax return filed) Ç Address used on last filed tax return (If different than 'Current') Tax Year(s\in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Current mailing address (apartment or suite number a Taxpayer's last name Section C – Name and Contact Information of Identity Theft Victim or Potential Victim (Required) Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates. Check only ONE of the following boxes that apply to the person listed in Section C below. Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal Federal tax records <u>affected</u> and I am a victim of identity theft 4. I am submitting this Form 14039 on behalf of another person (other than my dependent) I am submitting this Form 14039 on behalf of my dependent. 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received Form **14039**  I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. (April 2016) Please complete Section F on reverse side of this form. IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter' Please complete Section F on reverse side of this form. Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not prevent the dependent in **Section C** below from being claimed as a dependent by another person. Please provide 'Notice' or 'Letter' number(s) on the line to the right First name Cell phone number Department of the Treasury - Internal Revenue Service Identity Theft Affidavit stregt, of P.O. Box) If deceased, please provide last known address. Names used on last filed tax return (If different than 'Current') Middle initial Best time(s) to ca" State State Taxpayer Identification Number (Place and ZIP code return was filed Last tax year a OMB Number 1545-2139

Help us avoid delays:

not be submitted to either the mailing address or FAX number provided below.

Submitting by Mail

If you have already filed your paper return, submit this Form 14039 and on the notice or letter, follow the marked 'Co	your tax return electronically because the primary and/or secondary SSN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IRS location where you normally file your tax return.	· If you checked Box 1 in Section B of Form 14000
<ul> <li>Include a cover sheet marked 'C</li> <li>on the notice or letter, follow the m</li> </ul>	<ul> <li>If you checked Box 1 in Section this form in response to a notice shows a reply FAX number, FAX documentation with a copy of the n</li> </ul>	Capalita

If you checked Box 1 in Section B and are submitting this Form 14039 input the search term 'Where to File'. 'Where Do You File' section of your return instructions or visit IRS gov and documentation to the IRS location where you normally file. Refer to the

and documentation with a copy of the notice or letter to the address in response to a notice or letter received from the IRS, return this form

- Submitting by FAX
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- on the notice or letter, follow the mailing instructions on the notice or letter. ie a cover sheet marked 'Confidential'. If no FAX number is shown notice or letter to that number.
- If you checked Box 2 in Section B of Form 14039 (no current taxrelated issue). FAX this form and documentation toll-free to:

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Page 2

Submitting by Mail

Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies. Note that 'tax returns' may

Help us avoid delays:

your tax return. If you checked Box 1 in Section B of Form 14039, are unable to file SSN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IRS location where you normally file your tax return electronically because the primary and/or secondary

input the search term 'Where to File' 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 If you have already filed your paper return, submit this Form 14039 and

If you checked Box 1 in Section B and are submitting this Form 14039 and documentation with a copy of the notice or letter to the address in response to a notice or letter received from the IRS, return this form

- Submitting by FAX
- documentation with a copy of the notice or letter to that number. shows a reply FAX number, FAX completed Form 14039 and this form in response to a notice or letter received from the IRS that If you checked Box 1 in Section B of Form 14039 and are submitting
- on the notice or letter, follow the mailing instructions on the notice or letter. Include a cover sheet marked 'Confidential'. If no FAX number is shown
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OMB Number 1545-2139		Identity Theft Affidavit	(April 2016)
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If you checked Box 1 in Section B and are submitting this Form 14039

in response to a notice or letter received from the IRS, return this form

Home telephone number Telephone number with area code (Optional) If deceased, please in<u>dicate 'Dec</u>u City (on last tax return filed) Address used on last filed tax return (If different than 'Current') Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Current mailing address (apartment or sylte number Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required) Taxpayer's last name Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates. Check only ONE of the following boxes that apply to the person listed in Section C below. Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal Federal tax records <u>affected</u> and I am a victim of identity theft 4. I am submitting this Form 14039 on behalf of another person (other then my dependent) I am submitting this Form 14039 on behalf of my dependent. 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received Form **14039** 1. I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. Please complete Section F on reverse side of this form. Please complete Section F on reverse side of this form. IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter' prevent the dependent in Section C below from being claimed as a dependent by another person. Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not Please provide 'Notice' or 'Letter' number(s) on the line to the right First name Cell phone number Department of the Treasury - Internal Revenue Service dentity Theft Affidavit d street, or P.O. Box) If deceased, please provide last known address. Names used on last filed tax return (If different than 'Current') Middle initial State Best time(s) to call Taxpayer Identification Number (Please omvide vour a diali SSM or ITIN) | 3257 ZIP code return was filed Last tax year a OMB Number 1545-2139

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OMB Number 1545-2139

Page 2

Form **14039** (April 2016)

# Department of the Treasury - Internal Revenue Service Identity Theft Affidavit

OMB Number 1545-2139

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Form **14039** 

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Form **14039** (April 2016)

Department of the Treasury - Internal Revenue Service

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OMB Number 1545-2139		Identity Theft Affidavit	(a) (a)

Page 2

Form **14039** 

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Form **14039** 

Department of the Treasury - Internal Revenue

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(Please provide none of the control number	(Please provide none of the service	~		Nicole	Ludwig
	ed)	Middle initial	ricum or Potent	First name	Taxpayer's last name
				ormation of Identity That	Section C - Name and Contact Information of Identity That Visit
	e relevant dates.	e of it and provid	ou became awai	the identity theft issue, how y	r rease provide an explanation of the identity theft issue, how you became aware of it and provide relevant
mised my personal		event has affect	entity theft, or ar tity theft.	information placing me at-risk to be a future victim of identity theft, or an event has affected/comproinformation placing me at-risk to be a future victim of identity theft.	information placing me at-ris
			ly theft	Federal tax records affected and I am a victim of identity theft	1. Federal tax records <u>affect</u>
		C below	listed in Section	xes that apply to the person	Check only ONE of the following boxes that apply to the person listed in Section C below
	. *	my dependent).	rson (other than	<ul> <li>am submitting this Form 14039 on behalf of another person (other than my dependent).</li> <li>Please complete Section F on reverse side of this form.</li> <li>B - Reason For Filing This Form.</li> </ul>	Please complete Section B = Reason For Filling The Section B = Reason For Filling
count but it will not	ct his or her tax ac	is form will prote endent by anoth	ependent, filing the claimed as a dep	Please complete <b>Section F</b> on reverse side of this form. <b>Caution:</b> If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will <b>not</b> prevent the dependent in <b>Section C</b> below from being claimed as a dependent by another person.	- 10
person in <b>Section C</b> received otice' or 'Letter'.	the IRS. If person i	er received from	d 'Notice' or 'Lett ncome, follow the ine to the right	I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in <b>Sect</b> IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.  • Please provide 'Notice' or 'Letter' number(s) on the <u>line to the right</u> I am submitting this Form 14039 on behalf of my dependent.	IRS 'Notice CP 2000', or of Please provide 'Notice'  3. I am submitting this Form 1
required for all filers)	Bun choice			4039 for myself	1. I am submitting this Form 14039 for myself
Decripted for all file	ou are reporting //	cific situation v	apply to the spe	boxes in this section that a	Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Decring to all section)
		ble activity	dentify questiona	IRS to mark an account to it	Complete this form if you need the IRS to mark an account to identify questionable activity
OMB Number 1545-2139		fidavit	dentity Theft Affidavit	Identity	(April 2016)
:		Veverine Selvice	reasory - milerine i	,	

Page 2

Form 14039	Department of the Treasury - Internal Boursey Co.	
(April 2016)	Identity Theft Affidavit	OMB Number 1545-2139
Complete this form if you	Complete this form if you need the IRS to mark an account to identify questionable activity.	
1. I am submitting the	section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)	ing (Required for all filers)
2. I am submitting th IRS 'Notice CP 20 • Please provide	I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in <b>Sect</b> • Please provide 'Notice' or 'Letter' number(s) on the <b>line to the right</b>	person in <b>Section C</b> received otice' or 'Letter'.
70 -	Please complete <b>Section F</b> on reverse side of this form. <b>Caution</b> : If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not prevent the dependent in <b>Section C</b> below from being claimed as a dependent by another page.	ax account but it will not
4. I am submitting thi Please comple	am submitting this Form 14039 on behalf of another person (other than my dependent).  Please complete <b>Section F</b> on reverse side of this form.	
Section B - Reason For	Section B - Reason For Filing This Form (Required)	
Check only <b>ONE</b> of the fol	Check only ONE of the following boxes that apply to the person listed in Section C below.	
☐ 2. Federal tax record	Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised	
Biognation placing	information placing me at-risk to be a future victim of identity theft.	sea my personal
	to high provide rejevant de coma e or is and provide rejevant de	dates
Section C - Name and Co	- Name and Contact Information of Identity Theft Victim or Potential Victim (Required)	
Taxpayer's last name	First name  Middle initial Taxpayer  (Please one)	Taxpayer Identification Number
rent mailing address	(apartment or suite number and street, or P.O. Box) If deceased, please provide last known address, $909$	address.
Defunial	Sorings	ZIPoode 127/125
2011	rear(s) in which you experienced identity thefy (If not known, enter 'Unknown' in one of the boxes below)	Last tax year a
Address used on last filed	n (#	return was filed different than 'Current')
City (on last tax return filed)	State	ZIP code
Home telephone number	Home telephone number  'me(s) to call	call 7

	and documentation with a copy of the notice or letter to the address
on the notice or letter, follow the mailing instructions on the notice or letter.  If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), FAX this form and documentation toll-free to:  855-807-5720	If you have already filed your paper return, submit this Form 14039 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'.  If you checked Box 1 in Section B and are submitting this Form 14039
If you checked Box 1 in Section B of Form 14039 and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX completed Form 14039 and documentation with a copy of the notice or letter to that number.	your checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/or secondary SSN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IRS location where you normally file your tax return.
Submitting by FAX	Submitting by Mail
areas dedicated to assist you. In <b>Section C</b> of this form, be sure to include your Social Taxpayer Identification Number' field.  not both. Please provide clear and readable photocoples. Note that 'tax returns' may ed below.	Security Number or Individual Taxpayer Identification Number in the 'Taxpayer Identification Number' field.  Help us avoid delays:  Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies. Note that 'tax returns' may not be submitted to either the mailing address or FAX number provided below.
1	Instructions for Submitting this Form
State ZIP code	City
O. Box!	( apr., suite no. and street, or P.O. Box)
Wathing transfer findlide area code)	Representative's current mailing oddness (at a literature)
Debra	<del>-</del>
Jian ☐ Fiduciary Relationship per IRS Form 56  M Other Reporting Employer - Mishin	o Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney
The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.  By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.	5. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides. By checking this box and signing below you are indicating that you are an authorized representative, as p guardian, to file a legal document on the child's behalf.
it as conservator or POA authorization. (CAF) number, enter the nine-digit number:	<ul> <li>Attach a <u>copy</u> of documentation showing your appointment as conservator or POA authorization.</li> <li>If you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-digit number:</li> </ul>
	<ol> <li>ine taxpayer is unable to complete this form and I am the of Representative authorization per IRS Form 2848.</li> </ol>
Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.  Indicate your relationship to decedent: Spouse Child Parent/Legal Guardian Other	
ind personal representative has not been as a little	Attach a copy of the court certificate showing your appointment.  3. The taxpayer is deceased and a court-appointed or certified personal representative has not been a court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court-appointed or certified personal representative has not been at the court of the court-appointed personal representative has not been at the court of the
. (No attachments are required, including death certificate)	<ul> <li>i. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)</li> <li>2. The taxpayer is deceased and I am the court-appointed or certified personal representative</li> </ul>
re submitting this form	Check only ONE of the following five boxes next to the reason you are submitting this form
ompleting Form 14039 on someone else's beha	Section F - Representative, conservator, parent or guardian in
Page 2	•

Form **14039** (April 2016)

Department of the Treasury - Internal Revenue Service

### **Identity Theft Affidavit**

OMB Number 1545-2139

call 24/7	Best time(s) to call		diesta Decoase	Home telephone number  Cell phone number	Home telephone number
ZIP code	State				City (on last tax return filed)
different than 'Current')		n last filed to	Names used on last filed tax return (#	return (If different than 'Current')	Address used on last filed tax return (If different than 'Current')
return was filed					20/6
SEN CORP. SELECTION OF THE CORP. SELECTION OF	State State	ne of the boxe	nter 'Unknown' in o	Tax Year(s) in which you experienced identity then (if not known, enter 'Unknown' in one of the boxes below)	Tax Year(s) in which you expend
ldress.	de last known ad	please provi	Box) If deceased,	Current mailing address (apartment or suitemumber and street, or P.O. Box) If deceased, please provide last known address.  240 QUEDC HVC	Current mailing address (aparts 240 QUEDO
Identification Number	Taxpayer iden	Middle initial	<	Effem	Pau
	red)	/ictim (Requi	im or Potential \	Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)	Section C - Name and Contac
	le relevant dates.	it and provid	became aware of	Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant d	Please provide an explanation
1 my personal	ed/compromised	ent has affect	ty theft, or an eventheft.	Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal information placing me at-risk to be a future victim of identity theft.	<ul><li>2. Federal tax records no information placing me a</li></ul>
		GOW.	eft	1. Federal tax records <u>affected</u> and I am a victim of identity theft	1. Federal tax records <u>aff</u>
				This Form (Required)	Section B - Reason For Filing This Form (Required) Check only ONE of the following house that apply to the
		lependent).	(other than my c	I am submitting this Form 14039 on behalf of another person (other than my dependent)  • Please complete Section F on reverse side of this form.	1 am submitting this Form     Please complete See
tax account but it will not	Ē	orm will prote ent by anothe	dent, filing this foned as a depende	Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her prevent the dependent in <b>Section C</b> below from being claimed as a dependent by another person.	Caution: If you are filing prevent the dependent
			1	l am submitting this Form 14039 on behalf of my dependent.	3. I am submitting this For
n in <b>Section C</b> received vr 'Letter'.	the IRS. If persor nat IRS 'Notice' o	ceived from tructions on the	tice' or 'Letter' re ne, follow the inst o the right	I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in <b>Section C</b> received IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.  • Please provide 'Notice' or 'Letter' number(s) on the line to the right	<ul> <li>2. I am submitting this For IRS 'Notice CP 2000', o</li> <li>Please provide 'Notice CP 2000', o</li> </ul>
				m 14039 for myself	☐ 1. I am submitting this Form 14039 for myself
ting (Required for all filers)	u are reporting	situation yo	to the specific	Section A - Check the following boxes in this section that apply to the specific situation you are report	Section A - Check the followi
		ctivity.	y questionable a	Complete this form if you need the IRS to mark an account to identify questionable activity.	Complete this form if you need

	2. The taxpayer is deceased and I am the court-appointed or certified personal representative	Attach a copy of the court certificate showing your appointment.	3. The taxpayer is deceased and a court-appointed or certified personal representation by			4. The taxpayer is unable to complete this form and I am the appointed conservator or have	_	o Attach a copy of documentation showing your appointment as conservator or DOA authorization		The first the nine-digit number:	5. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor'.	Representative's current mailing address (apt., suite no. and street or P.O. Box)			State 710 main	Instructions for Submitting this Form	THE COMMISSION OF THE COMMISSI	neip us avoid delays:	s Box 1 in Section B of Form 14039, are unable to file of electronically because the primary and/or secondary ised, attach Form 14039 and documentation to your mand submit to the IRS location where you normally file
, α . 4. r.	Attach a copy of the court certificate showing your appointment.  3. The taxpayer is deceased and a court-appointed or certified personal representative has road Attach copy of death certificate or formal notification from a government office informing next to indicate your relationship to decedent: Spouse Child Parent/Legal Guardian  4. The taxpayer is unable to complete this form and I am the appointed conservator or have of Representative authorization per IRS Form 2848.  5. Attach a copy of documentation showing your appointment as conservator or POA authorization if you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-digentation or potential victim is a 'minor'. 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Box)	o Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney  First name  Cbr  t four digits of Representative's Taxpayer ID number  tresentative's current mailing address (apt., suite no. and street of Representative's relambles)  resentative's current mailing address (apt., suite no. and street of Representative's relambles)	o Indicate your relationship to minor: Parent/Legal Guardian Fiduciary Relationship per IRS Form 56  Representative's name Last name Noyes Last four digits of Representative's Taxpayer ID number Representative's ramphar (include area code)  Representative's current mailing address (apt., suite no. and street or P.O. Box)  City  Submit this to the IRS via Mail or FAX to specialized IRS processing areas dedicated to assist you. In Section C of this form, be sure to include your Social Security Number or Individual Taxpayer Identification Number in the Taxpayer Identification Number fault	rdian  DCbro  Anterive's telephone  Please provide cle
Attach a copy of the court certificate showing your appointment.  The taxpayer is deceased and a court-appointed or certified personal representative has road Attach a copy of the court certificate showing your appointment.  The taxpayer is deceased and a court-appointed or certified personal representative has road Attach copy of death certificate or formal notification from a government office informing next or indicate your relationship to decedent: Spouse Child Parent/Legal Guardian of Representative authorization per IRS Form and I am the appointed conservator or have of Representative authorization per IRS Form 2848.  Attach a copy of documentation showing your appointment as conservator or POA authorization if you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-dig light of the victim or potential victim is a 'minor'. 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Box)  Representative's Submitting this Form  State    State   Time   T	By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.  o Indicate your relationship to minor: Parent/Legal Guardian Fiduciary Relationship per IRS Form 56 City  Representative's name  Noves  First name  Chast four digits of Representative's Taxpayer ID number Representative's current mailing address (apt., suite no. and street or Representative's relambles for Submitting this Form  State  71D notes  State  71D notes  Representative is Submitting this Form	City State 710 ~ Instructions for Submitting this Form	City  State  710 Instructions for Submitting this Form	Instructions for Submitting this Form	Instructions for Submitting this Form				Help us avoid delays:  Choose one method of submitting this form either by Mail or by FAX, not both. 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Allach a copy of the court certificate showing your appointment.  3. The taxpayer is deceased and a mithe court-appointment.  3. The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed.  4. Allach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.  5. The taxpayer is unable to complete this form and I am the appointment as conservator or have Power of Attorney/Declaration of Representative authorization per IRS Form 2848.  6. Allach a copy of documentation showing your appointment as conservator or POA authorization.  6. Allach a copy of documentation showing your appointment as conservator or POA authorization.  7. In a copy of documentation showing your appointment as conservator or POA authorization.  8. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.  9. Sy checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.  6. Indicate your relationship to minor. Power of Attorney  7. Power of Attorney  8. Other Reporting Employer. Representative's name Alogy'cs  1. First name Alogy'cs  1. First name Alogy'cs  1. First name Alogy'cs  1. Representative's current mailing address (apri, sulfa no. and stime).  8. State or individual Taxpayer ldentification Number in the Taxpayer Identification Number field.  9. State or individual Taxpayer identification Number in the Taxpayer Identification Number field.	Altach a copy of the court certificate showing your appointment.  3. The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed.  o Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.  1. The taxpayer is unable to complete this form and I am the appointed conservator or have Power of Attorney/Declaration of Representative authorization per IRS Form 2848.  o Attach a copy of documentation showing your appointment as conservator or POA authorization.  o If you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-digit number:  D. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.  By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.  Indicate your relationship to minor: Perent/Legal Guardian File (CAF) number, enter the nine-digit number.  The victim or potential victim is a 'minor'. Minor' as defined per the state in which 'minor' resides.  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	Addition of the second of the	Attach a copy of the court certificate showing your appointment.	3. T			4.	of Representative authorization per IRS Form 2848.					Representative's current mailing address (apt., suite no. and street or P.O. F.		City		Instructions for Submitting this Form	alls Following	Help us avoid delays:	* ₹ <b>*</b>

### ū 14039

## Department of the Treasury - Internal Revenue Service

(April 2016)	Identity Theft Affidavit	† Affidavit	OMB Number 1545-2139
Complete this form if you	Complete this form if you need the IRS to mark an account to identify questionable activity.	estionable activity.	
Section A - Check the fo	Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)	the specific situation you are reporting	(Required for all filers)
, is	I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in <b>Section C</b> received IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.  • Please provide 'Notice' or 'Letter' number(s) on the <b>line to the right</b>	or 'Letter' received from the IRS. If person llow the instructions on that IRS 'Notice' or right	n in Section C received r 'Letter'.
3. I am submitting thi Please complete \$ Caution: If you a prevent the depe	I am submitting this Form 14039 on behalf of my dependent.  Please complete <b>Section F</b> on reverse side of this form. <b>Caution</b> : If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her prevent the dependent in <b>Section C</b> below from being claimed as a dependent by another person.	<b>ğ</b>	tax account but it will not
4. I am submitting thi Please comple	I am submitting this Form 14039 on behalf of another person (other than my dependent).  Please complete Section F on reverse side of this form.	er than my dependent).	
Section B - Reason For	- Reason For Filing This Form (Required)		
Check only <b>ONE</b> of the fol	Check only <b>ONE</b> of the following boxes that apply to the person listed in <b>S</b>	Section C below.	
	Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal information placing me at-risk to be a future victim of identity theft	eft, or an event has affected/compromised	my personal
Please provide an explai	Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates	me aware of it and provide relevant dates.	
Section C – Name and C	Section C – Name and Contact Information of Identity Theft Victim or Potential Victim (Required)	r Potential Victim (Required)	
Taxpayer's last name	First name,	axpayer	Identification Number
Hughes	H/toN	(Plases om	O Jink O OAI on ITIAN
Current mailing address (apartment or suite.		per and street, or P.O. Box) If deceased, please provide last known address	dress.
Defunic	ik Spras	State	21P code 32433
Tax Year(s) in which you	Tax Year(s) in which you experienced/identity/theft (If not known, enter 'Unknown' in one of the boxes below)	Unknown' in one of the boxes below)	Last tax year a return was filed
Address used on last filed	Address used on last filed tax return (If different than 'Current')	Names used on last filed tax return (if difference)	different than 'Current')
City (on last tax return filed)		State	ZIP code
Telephone number with an Home telephone number	Telephone number with area code (Optional) If deceased, please indicated to the control of the c	Best time(s) to call	24/1 24/1

• • • • • • • • • • • • • • • • • • •	Submitting by Mail	Submit this to the IRS via Mail or FAX to specialized IRS processing areas dedicated to assist you. In Section C of this Security Number or Individual Taxpayer Identification Number in the 'Taxpayer Identification Number' field.  Help us avoid delays:  Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photon not be submitted to either the mailing address or FAX number provided below.	Instructions for Submitting this Form		Representative's current mailing address (apt. suite no. and street, or P.O. Boxa	First name (	deceased and I am the surviving spouse. (No all deceased and I am the court-appointed or certified he court certificate showing your appointment. deceased and a court-appointed or certified pedeath certificate or formal notification from a gover lationship to decedent: Spouse Child unable to complete this form and I am the appointmentation showing your appointment as correct eauthorization per IRS Form 2848.  Of documentation showing your appointment as correct extended countries a 'minor'. 'Minor' as defined perfectly lightly below you are indicating that you all legal document on the child's behalf.  Islationship to minor: Parent/Legal Guardian Power of Attorney
	Submitting by FAX	to assist you. In <b>Section C</b> of this form, be sure to include your Social cation Number' field.  provide clear and readable photocopies. Note that 'tax returns' may		7ID mdn	c forman number (include area code)	ebr	tachments are required, including death certificate) filed personal representative.  rsonal representative has not been appointed.  mment office informing next of kin of the decedent's death.  Parent/Legal Guardian Other  inted conservator or have Power of Attorney/Declaration  nservator or POA authorization.  number, enter the nine-digit number:  r the state in which 'minor' resides.  are an authorized representative, as parent, guardian or legal  Fiduciary Relationship per IRS Form 56  Other Reporting Employer - Mish;

Home telephone number Telephone number with area code (Optional) If deceased, please indicate 'Dacaasad' City (on last tax return filed) Address used on last filed tax return (If different than 'Current') Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below) Current mailing address
3247 (LS Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required) Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates 2016 i axpayer's last name Check only ONE of the following boxes that apply to the person listed in Section C below Section B - Reason For Filing This Form (Required) Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) Complete this form if you need the IRS to mark an account to identify questionable activity. Federal tax records affected and I am a victim of identity theft 2. Federal tax records not affected and I am a victim of identity theft, or an event has affected/compromised my personal 4. I am submitting this Form 14039 on behalf of another person (other than my dependent). 3. I am submitting this Form 14039 on behalf of my dependent. Form **14039** 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in Section C received 1. I am submitting this Form 14039 for myself information placing me at-risk to be a future victim of identity theft. Please complete **Section F** on reverse side of this form. IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter' Please complete Section F on reverse side of this form. prevent the dependent in Section C below from being claimed as a dependent by another person. Caution: If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will not Please provide 'Notice' or 'Letter' number(s) on the line to the right (apartment or suite number and First name Department of the Treasury - Internal Revenue Service aura Cell phone numbe dentity Theft Affidavit Box) If deceased, please provide last known address. Names used on last filed tax return (If different than 'Current') Middle initial Best time(s) to call State Taxpayer Identification Number (Please amuide uniir adinii SSN aLTIN) ZIP code Last tax year a return was filed

OMB Number 1545-2139

on the notice or letter, follow the malling instructions on the notice or letter.  • If you checked Box 2 in Section B of Form 14039 (no current tax-related issue). FAX this form and documentation toll-free to:  855-807-5720	ocumentation 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'.  If you checked Box 1 in Section B and are submitting this Form 14039
<ul> <li>If you checked Box 1 in Section B of Form 14039 and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX completed Form 14039 and documentation with a copy of the notice or letter to that number.</li> </ul>	your tax return electronically because the primary and/or secondary SSN was misused, attach Form 14039 and documentation to your paper tax return and submit to the IRS location where you normally file your tax return.
Submitting by FAX	Submitting by Mail
dedicated to assist you. In <b>Section C</b> of this form, be sure to include your Social yer Identification Number' field.  h. Please provide clear and readable photocopies. Note that 'tax returns' may w.	Submit this to the IRS via Mail or FAX to specialized IRS processing areas dedicated to assist you. In Section C of this form, be sure to include your Soc Security Number or Individual Taxpayer Identification Number in the Taxpayer Identification Number field.  Help us avoid delays:  Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies. Note that 'tax returns' may not be submitted to either the mailing address or FAX number provided below.
	instructions for submitting this Form
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P.O. Box)	Representative's
Representative's telenhone number (include area code)	Representative's Laxpayer ID number
Debra	Last name Youts First name
ardian	o Indicate your relationship to minor:   Parent/Legal Guardian  Power of Attorney  Representative's name
The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.  By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.	5. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor'. By checking this box and signing below you are indicating that you are an authorized representating guardian, to file a legal document on the child's behalf.
ent as conservator or POA authorization. ile (CAF) number, enter the nine-digit number:	o Attach a <u>copy</u> of documentation showing your appointment as conservator or POA authorization. o If you have an IRS issued Centralized Authorization File (CAF) number, enter the nine-digit number:
of Representative authorization per IRS Form 2848.	į
Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.  Indicate your relationship to decedent: Spouse Child Parent/Legal Guardian Other	o Attach copy of death certificate or formal notification from o Indicate your relationship to decedent:
u or certified personal representative.	Attach a copy of the court certificate showing your appointment.  3. The taxpayer is deceased and a court-appointed or certified personal representative.
ISE. (No attachments are required, including death certificate)	<ol> <li>The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)</li> <li>The taxpayer is deceased and I am the court expectation.</li> </ol>
u are submitting this form	this form