

A. Russell Hughes
Superintendent of Schools

Walton

COUNTY SCHOOL DISTRICT

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:

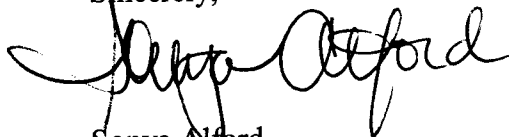
Please provide copies of all reports in regards to the recent data breach and loss of employee W-2 information that occurred on or around February 10, 2017.

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 Alford

Enclosures: PRR Documents- 4/5/17

“Making All Decisions in the Best Interest of Students”

Gail Smith
District 1

Kim Kirby
District 2

Bill Eddins, Jr.
District 3

Marsha Winegarner
District 4

Jason Catalano
District 5

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.

Deputy's Name: DL C. Spaley #415

Case No. 2017-00012321

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



Deputy/ID# DL C. Spaley #415
752 Triple G Road
DeFuniak Springs, FL 32433
Office 850-892-8186
Fax 850-892-8532
www.waltonso.org

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
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.
- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide the last four digits of the TIN)</small>
Jones	Pamela		

Current mailing address (apartment or suite number and street, or P. O. Box) If deceased, please provide last known address.

824 Goodwin Road

City

Defunivak Springs

State

FL

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)

2016

ZIP code
32435

Address used on last filed tax return (if different than 'Current')

Names used on last filed tax return (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) to call

Home telephone number

Cell phone number

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:

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.

- Parent/Legal Guardian
- Power of Attorney
- Fiduciary Relationship per IRS Form 56
- Other *Reporting Employer - Phishing attack*

Representative's name
Last name *Noyes*

First name *Debra*

Middle initial

Last four digits of Representative's Taxpayer ID number

Representative's telephone number (include area code)

Representative's current mailing address

City

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 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.

Submitting by Mail

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

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 issues), FAX this form and documentation toll-free to: 855-907-5720

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers).

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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.
- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.
- Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide valid 9-digit SSN or ITIN)</small>
Infinger	Sarah	J	

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.
225 Country Club Drive

City
DeFuniak Springs State FL ZIP code 32435

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)
2016 Last tax year a 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')

City (on last tax return filed) State ZIP code

Telephone number with area code (Optional) If deceased, please indicate 'Deceased' Best time(s) to call
Home telephone number Cell phone number

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name

Last name Noyes

First name Debra

Representative's Taxpayer ID number

Representative's telephone number (include area code)

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.

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.

Submitting by Mail

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'.

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Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers).

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- 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 IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.
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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.

- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide your 9-digit SSN or ITIN)</small>
Hartzog	Randella	A	

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.
 6027 Dogwood Dr W
 City Crestview State FL ZIP code 32536

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)
 2016

Address used on last filed tax return (if different than 'Current')
 Names used on last filed tax return (if different than 'Current')

City (on last tax return filed)

Telephone number with area code (Optional) if deceased, please indicate 'Deceased' _____ Rest time(s) to call _____

Home telephone number _____ Cell phone number _____

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
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 - 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name
Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (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.
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Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers).

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 - Please complete Section F on reverse side of this form.

Section B - Reason For Filing This Form (Required)

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- Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name Hivote	First name Ronita	Middle initial J	Taxpayer Identification Number <i>(Please provide www.irs.gov/ssa/itinn)</i>
Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address. 1000 McLendon Rd			
City DeFuniak Springs			
Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)		State FL	ZIP code 32433
2016			Last tax year a 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')	
City (on last tax return filed)		State	ZIP code

Telephone number with area code (Optional) If deceased, please indicate 'Deceased' _____ Best time(s) to call _____

Home telephone number _____ Call phone number _____

Section F - Representative, conservator, parent or guardian information (Required if completing Form 14039 on someone else's behalf)

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- 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 representative has not been appointed.
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 - Indicate your relationship to decedent: Spouse Child Parent/Legal Guardian Other
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 - 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:
- 5. The victim or potential victim is a 'minor', 'minor' as defined per the state in which 'minor' resides.
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 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name
Last name Noyes First name Debra Middle initial

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (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

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Section B - Reason For Filing This Form (Required)

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Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name <i>Campbell</i>	First name <i>William</i>	Middle initial <i>J</i>	Taxpayer Identification Number <small>(Please provide your Adult SSN or ITIN)</small>
---	------------------------------	----------------------------	--

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.

285 Bob McLaughlin Dr

City *Defunick Springs* State *FL*

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below) ZIP code *32433*

Address used on last filed tax return (if different than 'Current') Names used on last filed tax return (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) to call

Home telephone number Call phone number

Section F - Representative, conservator, parent or guardian information (Required if completing Form 14039 on someone else's behalf)

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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.

 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56
 - Other *Reporting Employer - Phishing attack*

Representative's name Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (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

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- 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 issues), FAX this form and documentation toll-free to: 855-807-5720

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
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.

- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide your 9-digit SSN or ITIN)</small>
Carter	Jacqueline	B	

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.

PO Box 266
City DeFuniak Springs State FL ZIP code 32435

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)

Address used on last filed tax return (if different than 'Current')
Names used on last filed tax return (if different than 'Current')

City (on last tax return filed)

Telephone number with area code (Optional) If deceased, please indicate
Home telephone number
Call phone number
Best time(s) to call

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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 _____
- 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.
 - 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: _____
- 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.
 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56
 - Other Reporting Employer - Phishing attack

Representative's name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (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 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.

Submitting by Mail

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

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Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

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 - Please provide 'Notice' or 'Letter' number(s) on the line to the right
- 3. I am submitting this Form 14039 on behalf of my dependent.
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.

- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name <i>Snyder</i>	First name <i>Elizabeth</i>	Middle initial <i>C</i>	Taxpayer Identification Number (Please provide the 9-digit SSN or ITIN)
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Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide **last known address**.
185 Shalloys Dr

City
Santa Rosa Beach

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)
2016

Address used on last filed tax return (if different than 'Current')
 Names used on last filed tax return (if different than 'Current')

City (on last tax return filed) State ZIP code

Telephone number with area code (Optional) If deceased, please indicate
 Home telephone number Cell phone number Best time(s) to call

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:
- 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.

 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name

Last name Noyes

First name Debra

Last four digits of Representative's Taxpayer ID number

Representative's telephone number (include area code)

Middle initial

Representative's current mailing address (apt, suite no, and street address)

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 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.

Submitting by Mail

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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 and documentation with a copy of the notice or letter to the address

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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

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
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.

- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name: **SPENCE**
First name: **Meredith**
Middle initial: **M**
Taxpayer Identification Number (Please provide using a Valid SSN or ITIN): _____

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address:
1300 Bay Grove Road Rd

City: **Freeport**

Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below)
State: **FL** ZIP code: **32439**
Last tax year a 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')

City (on last tax return filed)
State: _____ ZIP code: _____

Telephone number with area code (Optional) If deceased, please indicate _____ Best time(s) to call _____

Home telephone number _____ Cell phone number _____

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:
- 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.

 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name
Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (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

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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.

Submitting by Mail

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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 _____

Submitting by FAX

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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

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
 - 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.

- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name Tibbets	First name Alexis	Middle initial	Taxpayer Identification Number <small>(Please provide SSN or ITIN)</small>
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Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.

City **Shalimar**
75 Meigs Drive

State FL	ZIP code 32579
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Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below)

Address used on last filed tax return (If different than Current)	Names used on last filed tax return (If different than Current)
---	---

City (on last tax return filed)	State	ZIP code
---------------------------------	-------	----------

Telephone number with area code (Optional) If deceased, please indicate 'Deceased'	Request time(s) to call
Home telephone number	Cell phone number

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name Last name *Noyes* First name *Debra* Middle initial

Last four digits of Representative's Taxpayer ID number Representative's telephone number (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 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.

Submitting by Mail

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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 and documentation with a copy of the notice or letter to the address

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Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
 - 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.

- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number (Please provide your 9-digit SSN or ITIN)
Stratton	Barbara	A	

Current mailing address (apartment or suite number and street, or PO Box) If deceased, please provide last known address.
256 Woodland Bay Dr

City	State	ZIP code
Santa Rosa Beach	FL	32459

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)

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Last tax year a 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')

City (on last tax return filed)

State	ZIP code
-------	----------

Telephone number with area code (Optional) If deceased, please include time(s) to call

Home telephone number

Cell phone number

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name: Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (include area code) _____

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

City _____ State _____ ZIP code _____

Instructions for Submitting this Form

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Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

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- 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 IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.
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Please complete **Section F** on reverse side of this form.
Caution: If you are filing this on behalf of a Mirror 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.
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Section B - Reason For Filing This Form (Required)

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- 2. 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.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name <i>Tattinger</i>	First name <i>Jeff</i>	Middle initial 	Taxpayer Identification Number <i>(Please provide your 9-digit SSN or ITIN)</i>
--	---------------------------	--------------------	--

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.
165 Mason Avenue

City <i>Santa Rosa Beach</i>	State <i>FL</i>	ZIP code <i>32459</i>
---------------------------------	--------------------	--------------------------

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)

Address used on last filed tax return (if different than 'Current')	Names used on last filed tax return (if different than 'Current')
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City (on last tax return filed)

Telephone number with area code (Optional) If deceased, please indicate 'Deceased'	State	ZIP code
Home telephone number	Best time(s) to call	Cell phone number

24/7

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name
Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____
Representative's current mailing address (apt., suite no. and street or P.O. box number) _____
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 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.

Submitting by Mail

- 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

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- 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**

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers).

- 1. I am submitting this Form 14039 for myself
- 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 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**
- 3. I am submitting this Form 14039 on behalf of my dependent.
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.
- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide either a valid SSN or ITIN)</small>
Infinger	Jay	L	

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address: 165 Mason Ave

City	State	ZIP code
Santa Rosa Beach	FL	32459

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)

2016					
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 Names used on last filed tax return (if different than 'Current')
 Address used on last filed tax return (if different than 'Current')

City (on last tax return filed)

Telephone number with area code (Optional) If deceased, please indicate "Deceased"
 Home telephone number _____ Cell phone number _____ Best time(s) to call _____

State _____ ZIP code _____

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed. Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.
- 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (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 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.

Submitting by Mail

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- 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'.
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Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

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- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
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.

- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide the last 4 digits of the EIN or TIN)</small>
SIMPSON	Amy		

Current mailing address (apartment or suite number and street, or P. O. Box) If deceased, please provide last known address.

849 Forest Shore Drive

City Miramar Beach

State FL ZIP code 32550

Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below)

2016

Address used on last filed tax return (if different than 'Current') Names used on last filed tax return (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) to call _____

Home telephone number _____ Cell phone number _____

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name

Last name *Noyes*

First name *Debra*

Representative's Taxpayer ID number

Representative's telephone number (include area code)

Middle initial

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 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.

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Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.
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- 3. I am submitting this Form 14039 on behalf of my dependent.
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.
- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.
- Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle Initial	Taxpayer Identification Number <small>(Please enter in the appropriate box)</small>
Smith	Tammy	C	

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.
The Bay Grove Rd

City
FREDRICK

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)	State	ZIP code	Last tax year a return was filed
	FL	32439	

Address used on last filed tax return (if different than 'Current')
Names used on last filed tax return (if different than 'Current')

City (on last tax return filed)

Telephone number with area code (Optional) If deceased, please indicate "Deceased"
Home telephone number
Cell phone number
Best time(s) to call

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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 _____
- 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name

Noyes

First name

Debra

Middle initial

Last four digits of Representative's Taxpayer ID number

Representative's telephone number (include area code)

Representative's current mailing address (and business and home addresses if different from Rpt)

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 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.

Submitting by Mail

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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'.

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Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.
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- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.
- Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide your 9-digit SSN or ITIN)</small>
<i>Gay</i>	<i>James</i>	<i>T</i>	

Current mailing address (apartment or suite number and street, or P. O. Box) If deceased, please provide last known address.
34 Camellia Lane

City *Freedport* State *FL* ZIP code *32439*

Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below)
2016 Last tax year a 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')

City (on last tax return filed) State ZIP code

Telephone number with area code (Optional) If deceased, please indicate 'Deceased' Best time(s) to call
Home telephone number Cell phone number *2417*

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.
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 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name

Last name Noyes

First name Debra

Middle initial

Last four digits of Representative's Taxpayer ID number

Representative's telephone number (include area code)

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

City

State

ZIP code

Instructions for Submitting this Form

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Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers).

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Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name

Harrison

First name

Joshua

Middle initial

W

Taxpayer Identification Number
(Please provide)

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.
2145 Co Hwy 147 W

City

Laurel Hill FL

State

FL

ZIP code

32567

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)
2016

Last tax year a 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')

City (on last tax return filed)

State

ZIP code

Telephone number with area code (Optional) If deceased, please indicate

Home telephone number

Cell phone number

Best time(s) to call

24/7

Section F - Representative, conservator, parent or guardian information (Required if completing Form 14039 on someone else's behalf)

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- 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.
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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: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56
 - Other *Reporting Employer - Phishing attack*

Representative's name
Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (include area code) _____

Representative's current mailing address (apt., suite no. and street or P.O. box) _____

City _____ State _____ ZIP code _____

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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.

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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**

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers).

- 1. I am submitting this Form 14039 for myself
- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
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.
- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.
- Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide your Official Social ITIN)</small>	State	ZIP code	Last tax year a return was filed
HARP	Joyce	M				
Current mailing address (apartment or suite number and street, or P. O. Box) If deceased, please provide last known address.						
210 Marguerite Str						
City						
Niceville FL						
Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)						
2016						
Address used on last filed tax return (if different than 'Current')						
Names used on last filed tax return (if different than 'Current')						
City (on last tax return filed)						
State						
ZIP code						

Telephone number with area code (Optional) If deceased, please indicate 'Deceased'

Home telephone number

Cell phone number

Best time(s) to call

24/7

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers).

- 1. I am submitting this Form 14039 for myself
- 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 IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.
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- Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide)</small>
Hope	Milton	E	

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.
181 Concert Court

City FREDST State FL ZIP code 32439

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)	Names used on last filed tax return (if different than 'Current')	Last tax year a return was filed

Address used on last filed tax return (if different than 'Current')
City (on last tax return filed)

Telephone number with area code (Optional) If deceased, please indicate 'Deceased' _____ State _____ ZIP code _____
Home telephone number _____ Cell phone number _____ Best time(s) to call _____

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed. Attach a 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
- 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name

Last name *Noyes*

First name *Debra*

Middle initial

Last four digits of Representative's Taxpayer ID number

Representative's telephone number (include area code)

Representative's current mailing address (apt., suite no and street address only)

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 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.

Submitting by Mail

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.

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If you checked Box 2 in Section B of Form 14039 (no current tax-related issues), FAX this form and documentation toll-free to: 855-907-5720

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.
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 - 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.

- 4. I am submitting this Form 14039 on behalf of another person (other than my dependent).
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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.

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Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide your 9-digit SSN or ITIN)</small>
Morgan	Dawn	L	

Current mailing address (apartment or suite number and street, or P. O. Box) If deceased, please provide last known address.
 953 Alma Rd

City DeFuniak Springs State FL ZIP code 32433

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)
 2014

Address used on last filed tax return (if different than 'Current') Names used on last filed tax return (if different than 'Current')

City (on last tax return filed)

Telephone number with area code (Optional) If deceased, please indicate 'Deceased'

Home telephone number

Cell phone number

State ZIP code

Best time(s) to call 24/7

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:
- 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.

 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name

Last name *Noyes*

First name *Debra*

Middle Initial

Last four digits of Representative's Taxpayer ID number

Representative's telephone number (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 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.

Submitting by Mail

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855-907-5720

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

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 - Please provide 'Notice' or 'Letter' number(s) on the line to the right
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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.

- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <small>(Please provide unless O, don't SSN or ITIN)</small>
Neale	Cindy	D	

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.

92 Bow Lane

City DeFuniak Springs

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)

FL 32433

Address used on last filed tax return (if different than 'Current')

City (on last tax return filed)

State ZIP code

Telephone number with area code (Optional) If deceased, please indicate Deceased

Home telephone number Cell phone number Rest time(s) to call 24/7

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

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 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
- 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.
 - 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:
- 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: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name
 Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (include area code) _____

Representative's current mailing address (apt, ... 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.

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.

Submitting by Mail

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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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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.
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 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name
Last name Noyes First name Debra Middle initial

Last four digits of Representative's Taxpayer ID number
Representative's telephone number (include area code)

Representative's current mailing address (omit apartment number)

City _____ State _____ ZIP code _____

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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.
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 - Please complete Section F on reverse side of this form.

Section B - Reason For Filing This Form (Required)

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- Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle initial	Taxpayer Identification Number <i>(Please provide your 9-digit SSN or ITIN).</i>
Nelson	Brenda	G	

Current mailing address (apartment or suite number and street, or P. O. Box) If deceased, please provide last known address.
PO Box 511

City
DeFuniak Springs

Tax Year(s) in which you experienced identity theft (If not known, enter 'Unknown' in one of the boxes below)	State	ZIP code	Last tax year a return was filed
	FL	324135	

Address used on last filed tax return (If different than 'Current')
Names used on last filed tax return (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) to call
Home telephone number
Cell phone number
24/7

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
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 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name: Last name Noyes First name Debra Middle initial

Last four digits of Representative's Taxpayer ID number: 1 Representative's telephone number (include area code): 1

Representative's current mailing address (not suite or apartment number): 1

City: 1 State: 1 ZIP code: 1

Instructions for Submitting this Form

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Section B - Reason For Filing This Form (Required)

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 - 2. 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.
- Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name <i>Leblis</i>	First name <i>Kristin</i>	Middle initial <i>L</i>	Taxpayer Identification Number <i>(Pl. SSA provide your Adult SSN or ITIN)</i>
Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address. <i>97 Nursery Rd</i>			
City <i>Santa Rosa Beach</i>			
Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)		State <i>FL</i>	ZIP code <i>32459</i>
Address used on last filed tax return (if different than 'Current')		Names used on last filed tax return (if different than 'Current')	
City (on last tax return filed)		State	ZIP code

Telephone number with area code (Optional) If deceased, please in " " time(s) to call *24/7*

Home telephone number

Cell phone number

Check only ONE of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 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
- 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.
 - 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: [] [] [] [] [] [] [] [] []
- 5. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.
 - o 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 Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name

Last name *Noyes*

First name *Debra*

Middle initial

Last four digits of Representative's Taxpayer ID number

Representative's telephone number (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.

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.

Submitting by Mail

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

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 issues), FAX this form and documentation toll-free to: 855-807-5720

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
 - 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.
- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name <i>Ludwig</i>	First name <i>Nicole</i>	Middle initial <i>L</i>	Taxpayer Identification Number <small>(Please provide, DO NOT LEAVE BLANK)</small>
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Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.
32 Canopy Cove

City *Fredport* State *FL* ZIP code *32439*

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)			
<i>2016</i>			
Address used on last filed tax return (if different than 'Current')			
		Names used on last filed tax return (if different than 'Current')	

City (on last tax return filed) _____ State _____ ZIP code _____

Telephone number with area code (Optional) If deceased, please indicate _____ Best time(s) to call *24/7*

Home telephone number _____ Cell phone number _____

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

1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
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 representative has not been appointed.
 - Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.
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.
 - 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:
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.

 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56
 - Other *Reporting Employer - Phishing attack*

Representative's name
 Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (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 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.

Submitting by Mail

- 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

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 issues), FAX this form and documentation toll-free to: **855-807-5720**

Identity Theft Affidavit

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
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.
- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name <i>Paul</i>	First name <i>Barlene</i>	Middle initial <i>M</i>	Taxpayer Identification Number <i>[Redacted]</i>
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Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.
PO Box 909

City *Defunick Springs* State *FL* ZIP code *32435*

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)
2016

Address used on last filed tax return (if different than 'Current')
[Redacted]

Names used on last filed tax return (if different than 'Current')
[Redacted]

City (on last tax return filed)
[Redacted]

Telephone number with area code (Optional) If deceased, please indicate
[Redacted]

Home telephone number
[Redacted]

Cell phone number
[Redacted]

State
[Redacted]

ZIP code
[Redacted]

Last tax year a return was filed
[Redacted]

OMB Number
[Redacted]

1545-2139

2/1/17

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:

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.

Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name
 Last name *Noyes* First name *Debra* Middle initial _____
 Last four digits of Representative's Taxpayer ID number _____ Representative's telephone number (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 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.

Submitting by Mail

- 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

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 issues), FAX this form and documentation toll-free to: **855-807-5720**

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:
- 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.
 - Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name
Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number _____ Representative's phone number (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 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.

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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 _____

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**

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 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
- 3. I am submitting this Form 14039 on behalf of my dependent.
 - 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.

- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name	First name	Middle Initial	Taxpayer Identification Number <small>(Please provide on a separate sheet of paper)</small>
Hughes	ALTON	R	

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.

72 Magnolia Blvd

City Defunkirk Springs

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)

State	ZIP code	Last tax year a return was filed
FL	32433	2016

Address used on last filed tax return (if different than 'Current') Names used on last filed tax return (if different than 'Current')

City (on last tax return filed)

State	ZIP code

Telephone number with area code (Optional) If deceased, please indicate. Best time(s) to call 24/7

Home telephone number

Cell phone number

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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
- 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.
 - 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:

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.

Indicate your relationship to minor: Parent/Legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name
 Last name Noyes First name Debra Middle initial _____

Last four digits of Representative's Taxpayer ID number 6 Representative's telephone number (include area code) _____
 Representative's current mailing address (apt, suite no. and street, or P.O. Box) _____

City _____ 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 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.

Submitting by Mail	Submitting by FAX
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 issues), FAX this form and documentation toll-free to: 855-607-5720

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 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 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
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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.
- 4. 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.

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 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 information placing me at-risk to be a future victim of identity theft.

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.

Section C - Name and Contact Information of Identity Theft Victim or Potential Victim (Required)

Taxpayer's last name <i>Smith</i>	First name <i>Laura</i>	Middle Initial <i>L</i>	Taxpayer Identification Number <small>(Please provide your adult SSN or ITIN)</small>
--------------------------------------	----------------------------	----------------------------	--

Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address.
3247 US Highway 331 N

City *DeFuniak Springs* State *FL* ZIP code *32433*

Tax Year(s) in which you experienced identity theft (if not known, enter 'Unknown' in one of the boxes below)
2016 Last tax year a 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)

City (on last tax return filed)

State ZIP code

Telephone number with area code (Optional) If deceased, please indicate 'Deceased'

Best time(s) to call

Home telephone number

Call phone number

24/7

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 next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse. (No attachments are required, including death certificate)
- 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 representative has not been appointed.
 - 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 _____
- 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.
 - 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: _____
- 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.
 - Indicate your relationship to minor: Parent/legal Guardian Power of Attorney Fiduciary Relationship per IRS Form 56 Other *Reporting Employer - Phishing attack*

Representative's name

Last name Noyes

First name Debra

Middle initial

Last four digits of Representative's Taxpayer ID number

Representative's telephone number (include area code)

Representative's mailing address (not 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 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.

Submitting by Mail

• 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

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 issues), FAX this form and documentation toll-free to: **855-907-5720**