## Contact the IRS.



If you get an IRS notice in the mail, follow the instructions provided.

3 Did the notice say you were paid by an employer you don't know?

Department of the Treasury - Internal Revenue Service **OMB Number** Form 14039 1545-2139 September 2021 Pyour tax return, and pay and taxes The Avarriability This affidavit is formigint of avery toernai house en tax if eturas already filed a Form 14039. The IRS process for assisting victims selecting Section B, Box 1 below is explained at irs.gov/victimassistance. Get an IP PIN: We encourage everyone to opt-in to the Identity Protection Personal Identification Number (IP PIN) program. If you don't have an IP PIN you can get one by going to irs.gov/ippin. If unable to do so online, you may schedule an appointment at your closest Taxpayer Assistance Center by calling (844-545-5640). Or, if eligible you may use IRS Form 15227 to apply for an IP PIN by mail or FAX. 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 1409 for myself your situation, contact the 2. This IRGs for 3 Sipperitified in changes is transcent 1-80 0-90 Bu44490RS Please provide 'Notice' or 'Letter' number(s) on the line to the right: Please check box 1 in Section B and see special mailing and faxing instructions on reverse side of this form.
 Write down who you contacted and when. Keep copies of any letters you send. 3. I am submitting this Form 14039 on behalf of my 'dependent child or dependent relative'. Please complete Section E on reverse side of this form. 4. I am submitting this Form 14039 on behalf of another person (other than my dependent child or dependent relative). Please complete Section E on reverse side of this form. Section B - Reason For Filing This Form (Required) mpck only one of the following boxes that apply to the person listed in section 6 below if the tax part A the same trievists tay yearle) there is hoseled to but miter other for \$203901 11 a U a payer in 'Section C' has previously submitted a Form 14039 to the IRS 1. Someone used my information to file taxes, including being incorrectly claimed as a dependent 2. I don't know if someone used my information to file taxes, but I'm a victim of identity theft Please provide an explanation of the identity theft issue, how it is related to your tax account, how you became aware of it and provide relevant dates. If needed, attach auditional information and/or pages to this form.
In April 2022 i got a 50 MC letter from the RS stating that they had received a Form To4bsR for tax year 2021, using my name and SSN. I filed a response online. confirming that I Tipper tile in the tall and the total and the tall and t 5747C letter stating that the IRS needs to verify my identity. I made an in -person appointment for August 1.2022. I met with Rhonda Revels to verify my identity. Section C - Name and Contact Information of Identity Theft Victim (Required) Victim's last name Middle initial **Taxpayer Identification Number** First name (Please provide 9-digit Social Security Number) E Bow What if I already got my free cred ichaelt this year? XXX-XXX-XXXX Current mailing address/apartment or suite number and street, or P.O. Box) If deceased, please provide last known address 52 E Timonium Rd **Current City** State ZIP Code MD Lutherville-Timonium 21093 Tax Year(s) you experienced identity theft (If not known, enter 'Unknown' in one box below) What is the last year you filed a return 2021 2019 Address used on the last filed tax return(If different than 'Current') Names used on last filed tax return(If different than 'Current') ZIP Code City (on last tax return filed) State Which credit reports include the IRS account? (select all e(Optional) If deceased, please indicate 'Deceased' Best time(s) to call that apply 11 AM-3 PM Home telephone number Cell phone number (443)-391-6062 Experian Language in which you would like to be contacted: English Spanish Section D - Penalty of Perjury Statement and Signature (Required)

Under penalty of Jafans Labelia that, to the best of my knowledge and belief, the information entered on this Form 14039 is true, correct, complete, and made in good

Submit this completed form to either the mailing address or the FAX number provided on the reverse side of this form.

Form 14039 (Rev. 12-2020)

Date Signed

02/16/2023

Signature of taxpayer, or representative, conservator, parent or guardian