

LOUISIANA
DEPARTMENT of REVENUE

Louisiana Identity Theft Affidavit

Louisiana Department of Revenue
Criminal Investigations Division
P.O. Box 2389
Baton Rouge, LA 70821-2389
Email: fraud.mailbox@la.gov

PLEASE PRINT OR TYPE

Please check one of the following boxes:

I am a **victim of identity theft** and I believe this incident is **affecting** my tax records *(Provide a short explanation of the tax impact)*

I am a **victim of identity theft** and believe I may be at risk for **future impact** to my tax account

I am a **potential victim** of identity theft and believe I may be at risk for future impact to my tax account. (You should check "potential victim" if you have not experienced identity theft but are at risk due to a lost/stolen purse or wallet, questionable credit card or credit report activity, etc.)

Tax year(s) impacted and/or date the incident occurred <i>(if applicable or known)</i>	Last tax return filed <i>(year) (Enter NRF if not required to file)</i>
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Taxpayer's last name	First name	MI	Provide the last 4 digits of your Social Security Number (SSN) or your complete Individual Taxpayer Identification Number (ITIN)
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Taxpayer's current mailing address

City	State	ZIP
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Address on last tax return filed *(Check here if you are not required to file a tax return)*

City	State	ZIP
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Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Best time(s) to call
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Primary language English Spanish Other - specify _____

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

Signature of Taxpayer

Date Signed (mm/dd/yyyy)

Please submit this completed form and a photocopy of at least one of the following documents to verify your identity.
(Check the box next to the document you are submitting)

- | | |
|--|---|
| <input type="checkbox"/> a) Passport | <input type="checkbox"/> c) Social Security Card |
| <input type="checkbox"/> b) Driver's license | <input type="checkbox"/> d) Other valid U.S. Federal or State government issued identification* |

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

Please submit the photocopies required above with this form to the address listed at the top of the form.