



Identity Theft Affidavit

Complete and submit this form if you believe you are a victim of identity theft and would like the Massachusetts Department of Revenue to investigate the matter.

Taxpayer's last name	First name	Middle name
Current mailing address	City/Town	State Zip
Home phone number	Cell phone number	Best time(s) to call
Tax year(s) affected	Tax year and filing status of last Massachusetts tax return	Preferred language for DOR contact <input type="checkbox"/> English <input type="checkbox"/> Spanish
Mailing address of most recent tax return	City/Town	State Zip

Fill in one only:

- I attempted to file my current-year return but was informed a return has already been filed.
- I received a bill from the Massachusetts Department of Revenue, even though I have never worked in Massachusetts or never lived in Massachusetts.

Briefly describe the problem and how you became aware of it:

Your submission must include a photocopy of **one** of the following documents:

- a. Valid driver's license
- b. U.S. passport
- c. U.S. military identification card
- d. Other valid identification issued by a state or federal agency

Also include photocopies of **each** of the following documents:

- a. Proof of address for tax year(s) affected; or, if not applicable, proof of your current address (e.g., utility bill, lease agreement, bank statement, etc.)
- b. Notice received from Massachusetts Department of Revenue

Fax this affidavit and other required documents to: 617-887-5089, attn.: Identity Theft. If fax is unavailable mail to: Massachusetts Department of Revenue, attn.: Identity Theft, 200 Arlington St., Room 4300, Chelsea, MA 02150-2312.

Under penalty of perjury, I declare that to the best of my knowledge and belief the information contained herein is true, accurate and complete.

Taxpayer's signature	Print name	Date (mm-dd-yyyy)
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