

16988

[Gustafson Letter Head]

[Date]

«First\_Name» «Last\_Name»

«Address\_Line»

«City», «State» «Zip\_Code»

Dear «First\_Name» «Last\_Name»,

Gustafson & Company, LLC, formerly known as Gustafson Berg & Company and also formerly known as Berg & Company ("Gustafson") is committed to the privacy and confidentiality of its customers, and takes protecting personal information entrusted to us seriously. This commitment extends to notifying individuals if we believe the security or privacy of their information may have been compromised. We regret to inform you that a recent incident may have involved some of your personal information, which we maintained as a result of your affiliation with a corporate entity, partnership, non-profit organization, or trust that we assist.

At the beginning of March, Gustafson identified that a higher than usual number of our clients had fraudulent tax returns filed under their name. Upon identifying the potential issue, we conducted an internal investigation and hired a leading computer forensics firm to examine our network and confirm the security of our computer systems. On April 10, 2020, our investigation identified that on January 22, 2020, an unauthorized third party was able to access our network and obtain personal information located on our system.

We have provided your Social Security number to the IRS which will allow the IRS to identify potential suspicious future tax returns related to the 2019 tax year that may be filed using your Social Security number. We have also notified law enforcement and will cooperate with their investigation. Despite our proactive steps, if you have had a false tax return filed and received a notice from the IRS or a state Department of Revenue, then we recommend that you file your tax returns as quickly as possible. We also recommend that you take actions to protect your other accounts, such as contacting your brokerage firm to put them on notice and to add security precautions to your account(s).

As part of your tax preparation if you have proof of ID Theft, you can complete the IRS Form 14039 Identity Theft Affidavit, which is attached to this letter. Additionally, the IRS offers further guidance for protecting your identity at the following website: [www.irs.gov/individuals/identity-protection](http://www.irs.gov/individuals/identity-protection). There are a number of tools listed there that may be helpful to you to prevent a fraudulent tax return from being filed in your name and what to do if you become the victim of such fraud.

The impacted information varied by individual but may have included your name, address, email, date of birth, Social Security number, financial account number, and/or income information. As a precaution, we have arranged for a complimentary two-year membership to Experian's IdentityWorks<sup>SM</sup> Credit 3B service. This product helps detect possible misuse of your personal information and provides you with identity protection services focused on immediate identification and resolution of identity theft. IdentityWorks Credit 3B is completely free to you and enrolling in this program will not hurt your credit score. For more information on identity theft prevention and IdentityWorks Credit 3B, including instructions on how to activate your complimentary two-year membership, please see the additional information provided in this letter.

If you receive any written request or electronic request via e-mail purporting to be from Gustafson, and it looks suspicious, please notify us immediately. The IRS does not initiate contact with taxpayers by e-mail, fax or any social media tools to request personal financial information. If you receive an e-mail or similar request that appears to be from the IRS, the IRS suggests that you do not respond to any such requests.

We take our responsibility to safeguard personal information seriously and apologize for any inconvenience or concern this incident might cause. We are committed to taking steps to help prevent something like this from happening again, including strengthening the security of our computer systems. For further information and assistance, please call [phone number] Monday through Friday from [times].

Sincerely,

Kenneth E Gustafson, CPA  
Partner

Jim Mullaney, CPA  
Partner

### Activating Your Complimentary Credit Monitoring

To help protect your identity, we are offering a complimentary two-year membership of Experian IdentityWorks<sup>SM</sup> Credit 3B. This product helps detect possible misuse of your personal information and provides you with superior identity protection support focused on immediate identification and resolution of identity theft.

#### Activate IdentityWorks Credit 3B Now in Three Easy Steps

1. ENROLL by: [REDACTED] (Your code will not work after this date.)
2. VISIT the Experian IdentityWorks website to enroll: <https://www.experianidworks.com/3bcredit>
3. PROVIDE the Activation Code: \_\_\_\_\_

If you have questions about the product, need assistance with identity restoration or would like an alternative to enrolling in Experian IdentityWorks online, please contact Experian's customer care team at 877-288-8057. Be prepared to provide engagement number [REDACTED] as proof of eligibility for the identity restoration services by Experian.

#### ADDITIONAL DETAILS REGARDING YOUR 24-MONTH EXPERIAN IDENTITYWORKS CREDIT 3B MEMBERSHIP:

A credit card is **not** required for enrollment in Experian IdentityWorks Credit 3B.

You can contact Experian **immediately without needing to enroll in the product** regarding any fraud issues. Identity Restoration specialists are available to help you address credit and non-credit related fraud.

Once you enroll in Experian IdentityWorks, you will have access to the following additional features:

- **Experian credit report at signup:** See what information is associated with your credit file. Daily credit reports are available for online members only.\*
- **Credit Monitoring:** Actively monitors Experian, Equifax and Transunion files for indicators of fraud.
- **Experian IdentityWorks ExtendCARE<sup>TM</sup>:** You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.
- **\$1 Million Identity Theft Insurance<sup>\*\*</sup>:** Provides coverage for certain costs and unauthorized electronic fund transfers.

Activate your membership today at: <https://www.experianidworks.com/3bcredit>  
or call 877-288-8057 to register with the activation code above.

**What you can do to protect your information:** There are additional actions you can consider taking to reduce the chances of identity theft or fraud on your account(s). Please refer to [www.ExperianIDWorks.com/restoration](http://www.ExperianIDWorks.com/restoration) for this information. If you have any questions about IdentityWorks, need help understanding something on your credit report or suspect that an item on your credit report may be fraudulent, please contact Experian's customer care team at 877-288-8057.

\* Offline members will be eligible to call for additional reports quarterly after enrolling.

\*\* Identity theft insurance is underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. (AIG). The description herein is a summary and intended for informational purposes only and does not

include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

### Additional Important Information

As a precautionary measure, we recommend that you remain vigilant to protect against potential fraud and/or identity theft by, among other things, reviewing your account statements and monitoring credit reports closely. If you detect any suspicious activity on an account, you should promptly notify the financial institution or company with which the account is maintained. You should also promptly report any fraudulent activity or any suspected incidents of identity theft to proper law enforcement authorities, including the police and your state's attorney general, as well as the Federal Trade Commission ("FTC").

You may wish to review the tips provided by the FTC on fraud alerts, security/credit freezes and steps to you can take to avoid identity theft. For more information and to contact the FTC, please visit [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or call 1-877-ID-THEFT (1-877-438-4338). You may also contact the FTC at: Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580.

Under Massachusetts law, you have the right to obtain any police report filed in regard to this incident. If you are the victim of identity theft, you also have the right to file a police report and obtain a copy of it. Massachusetts law also allows consumers to place a security freeze on their credit reports. A security freeze can be placed without any charge. A security freeze prohibits a credit reporting agency from releasing any information from a consumer's credit report without written authorization. However, please be aware that placing a security freeze on your credit report may delay, interfere with, or prevent the timely approval of any requests you make for new loans, credit mortgages, employment, housing or other services.

To place a security freeze on your credit report, you must send a written request to each of the three major consumer reporting agencies by regular, certified or overnight mail at the addresses below or, if available, comply with the consumer reporting agencies' online security freeze request procedures:

Equifax Security Freeze  
1-800-349-9960  
[www.equifax.com](http://www.equifax.com)  
P.O. Box 105788  
Atlanta, GA 30348

Experian Security Freeze  
1-888-397-3742  
[www.experian.com](http://www.experian.com)  
P.O. Box 9554  
Allen, TX 75013

Trans Union Security Freeze  
1-888-909-8872  
[www.transunion.com](http://www.transunion.com)  
P.O. Box 160  
Woodlyn, PA 19094

In order to request a security freeze, you may need to provide the following information:

1. Your full name (including middle initial as well as Jr., Sr., II, III, etc.);
2. Social Security Number;
3. Date of birth;
4. If you have moved in the past five (5) years, provide the addresses where you have lived over the prior five years;
5. Proof of current address such as a current utility bill or telephone bill;
6. A legible photocopy of a government issued identification card (state driver's license or ID card, military identification, etc.);
7. If you are a victim of identity theft, include a copy of either the police report, investigative report, or complaint to a law enforcement agency concerning identity theft;
8. If you are not a victim of identity theft, include payment by check, money order, or credit card (Visa, MasterCard, American Express or Discover only). Do not send cash through the mail.

The credit reporting agencies have three (3) business days after receiving your request to place a security freeze on your credit report. The credit bureaus must also send written confirmation to you within five (5) business days and provide you with a unique personal identification number (PIN) or password, or both that can be used by you to authorize the removal or lifting of the security freeze.

To lift the security freeze in order to allow a specific entity or individual access to your credit report, you must call or send a written request to the credit reporting agencies by mail or, if available, comply with the consumer reporting agencies' online procedures for lifting a security freeze, and include proper identification (name, address, and social security number) and the PIN number or password provided to you when you placed the security freeze as well as the identities of those entities or individuals you would like to receive your credit report or the specific period of time you want the credit report available. The credit reporting agencies have three (3) business days after receiving your request to lift the security freeze for those identified entities or for the specified period of time.

To remove the security freeze, you must send a written request to each of the three credit bureaus by mail or, if available, comply with the consumer reporting agencies' online procedures for removing a security freeze, and include proper identification (name, address, and social security number) and the PIN number or password provided to you when you placed the security freeze. The credit bureaus have three (3) business days after receiving your request to remove the security freeze.

**Credit Reports:** You may obtain a free copy of your credit report once every 12 months from each of the three national credit reporting agencies by visiting <http://www.annualcreditreport.com>, by calling toll-free 1-877-322-8228, or by completing an Annual Credit Report Request Form and mailing it to Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348. You can print a copy of the request form at <https://www.annualcreditreport.com/cra/requestformfinal.pdf>.

Alternatively, you may elect to purchase a copy of your credit report by contacting one of the three national credit reporting agencies. Contact information for the three national credit reporting agencies for the purpose of requesting a copy of your credit report or for general inquiries, including obtaining information about fraud alerts and placing a security freeze on your credit files, is as follows:

Equifax	Experian	TransUnion
1-800-349-9960	1-888-397-3742	1-888-909-8872
<a href="http://www.equifax.com">www.equifax.com</a>	<a href="http://www.experian.com">www.experian.com</a>	<a href="http://www.transunion.com">www.transunion.com</a>
P.O. Box 105788	P.O. Box 9554	P.O. Box 2000
Atlanta, GA 30348	Allen, TX 75013	Chester, PA 19022

**Fraud Alerts:** You may want to consider placing a fraud alert on your credit report. An initial fraud alert is free and will stay on your credit file for at least 90 days. The alert informs creditors of possible fraudulent activity within your report and requests that the creditor contact you prior to establishing any new accounts in your name. To place a fraud alert on your credit report, contact any of the three national credit reporting agencies using the contact information listed above. Additional information is available at <http://www.annualcreditreport.com>.

**Credit and Security Freezes:** You may have the right to place a credit freeze, also known as a security freeze, on your credit file, so that no new credit can be opened in your name without the use of a PIN number that is issued to you when you initiate the freeze. A credit freeze is designed to prevent potential

credit grantors from accessing your credit report without your consent. If you place a credit freeze, potential creditors and other third parties will not be able to get access to your credit report unless you temporarily lift the freeze. Therefore, using a credit freeze may delay your ability to obtain credit. Unlike a fraud alert, you must separately place a credit freeze on your credit file at each credit reporting company. Since the instructions for how to establish a credit freeze differ from state to state, please contact the three major credit reporting companies using the contact information above.

Individuals interacting with credit reporting agencies have rights under the Fair Credit Reporting Act. We encourage you to review your rights under the Fair Credit Reporting Act by visiting [www.consumerfinance.gov/f/201504\\_cfpb\\_summary\\_your-rights-under-fcra.pdf](http://www.consumerfinance.gov/f/201504_cfpb_summary_your-rights-under-fcra.pdf), or by requesting information in writing from the Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.

Form **14039**  
(April 2017)

Department of the Treasury - Internal Revenue Service

OMB Number  
1545-2139

## 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. This Form 14039 is submitted in response to a 'Notice' or 'Letter' received from the IRS
- 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.
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.
- Caution:** If filing this on behalf of your 'dependent child or dependent relative', filing this form will protect his or her tax account but it will not prevent the victim 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 child or dependent relative)
- Please complete Section E 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. Someone used my information to file taxes
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 you became aware of it and provide relevant dates. If needed, please attach additional information and/or pages to this form.

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

Victim's last name	First name	Middle initial	Taxpayer Identification Number (Please provide 9-digit Social Security Number)
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Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address

Current city	State	ZIP code
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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
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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)	State	ZIP code
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Telephone number with area code (Optional) If deceased, please indicate 'Deceased'	Best time(s) to call
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Home telephone number	Cell phone number
Language in which you would like to be contacted <input type="checkbox"/> English <input type="checkbox"/> Spanish	

**Section D - Penalty of Perjury Statement and Signature (Required)**

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this Form 14039 is true, correct, complete, and made in good faith.

Signature of taxpayer, or representative, conservator, parent or guardian	Date signed
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Submit this completed form to either the mailing address or the FAX number provided on the reverse side of this form.



**Section E – 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:  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:  

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- 5. The person is my dependent child or my dependent relative
 

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 dependent's behalf.

  - Indicate your relationship to person:  Parent/Legal Guardian  Fiduciary Relationship per IRS Form 56  
 Power of Attorney  Other

Representative's name

Last name  First name  Middle initial

Representative's current mailing address (City, town or post office, state, and ZIP code)

Representative's telephone number

**Instructions for Submitting this Form**

Submit this completed and signed form 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 the Social Security 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 of any additional information you may choose to provide.
- Note that 'tax returns' may not be submitted to either the mailing address or FAX number.

Submitting by Mail	Submitting by FAX
<ul style="list-style-type: none"> <li>• If you checked Box 1 in Section B in response to a notice or letter received from the IRS, return this form and if possible, a copy of the notice or letter to the address contained in the notice or letter.</li> <li>• If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/or secondary SSN was misused, attach this Form 14039 to the back of your paper tax return and submit to the IRS location where you normally file your tax return.</li> <li>• If you've already filed your paper return, please submit this Form 14039 to the IRS location where you normally file. Refer to the 'Where Do You File' section of your return instructions or visit <a href="http://IRS.gov">IRS.gov</a> and input the search term 'Where to File'.</li> <li>• If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), mail this form to:   <div style="text-align: center;">                     Department of the Treasury                      Internal Revenue Service                      Fresno, CA 93888-0025                 </div> </li> </ul>	<ul style="list-style-type: none"> <li>• If you checked Box 1 in Section B of Form 14039 and are submitting this form in response to a notice or letter received from the IRS, if it provides a FAX number, you should send there.                       If no FAX number is shown on the notice or letter, please follow the mailing instructions on the notice or letter.</li> <li>• Include a cover sheet marked 'Confidential'.</li> <li>• If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), FAX this form toll-free to:   <div style="text-align: center;">                     855-807-5720                 </div> </li> </ul>

**Privacy Act and Paperwork Reduction Notice**

Our legal authority to request the information is 26 U.S.C. 6001. The primary purpose of the form is to provide a method of reporting identity theft issues to the IRS so that the IRS may document situations where individuals are or may be victims of identity theft. Additional purposes include the use in the determination of proper tax liability and to relieve taxpayer burden. The information may be disclosed only as provided by 26 U.S.C. 6103. Providing the information on this form is voluntary. However, if you do not provide the information it may be more difficult to assist you in resolving your identity theft issue. If you are a potential victim of identity theft and do not provide the required substantiation information, we may not be able to place a marker on your account to assist with future protection. If you are a victim of identity theft and do not provide the required information, it may be difficult for IRS to determine your correct tax liability. If you intentionally provide false information, you may be subject to criminal penalties. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SEWCARMP117102, 1111 Constitution Ave. NW, IR-0620, Washington, DC 20224. Do not send this form to this address. Instead, see the form for filing instructions. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.