



## Identity Theft Affidavit

Complete and submit this form if you are an actual or potential victim of identity theft and would like the Franchise Tax Board (FTB) to update your account status to identify questionable activity.

Check **one of the following boxes**:

☐ I am a **victim of identity theft**, and I believe this incident **is affecting** my tax account. Provide a short explanation of the tax impact:

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

☐ I am a **potential victim** of identity theft, and I believe I may be at risk for **future impact** to my tax account. (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.)

Taxable Year(s) Impacted (if applicable or known):	Date the Incident Occurred (if applicable or known):	Last Tax Return Filed (Year) (Enter <b>NRF</b> if Not Required to File.):	Provide the last 4 digits of your Social Security Number <b>or</b> your <b>complete</b> Individual Taxpayer Identification Number:
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Last Name:	First Name:	Middle Initial:
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Current Mailing Address:

City:	State:	ZIP Code:
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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 Code:
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Telephone Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Best Time (s) to Call:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Specify:
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**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. I hereby agree and consent that the facsimile/fax signature of this affidavit shall be considered as valid as the original.**

Taxpayer Signature	Date Signed (mm/dd/yyyy)
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**Submit this completed form and a copy of at least one of the following documents to verify your identity.**

(Check the box next to the document you are submitting.)

- ☐ a) Passport  
☐ b) Driver license or Department of Motor Vehicles identification card

**If available, include a copy of:**

- ☐ c) Social security card  
☐ d) Police report  
☐ e) Internal Revenue Service letter of determination

**Submit the copies required above with this form using one of the options described on PAGE 2 of this form.**

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Submit the copies required on PAGE 1 by mail or fax.

By Mail:	By Fax:
<p>If you received a notice from FTB, return this form <b>with a copy of the notice</b> to the address contained in the notice.</p> <p>If you have <b>not received an FTB notice</b> and are self-reporting potential risk for <b>future impact</b> to your tax account, mail this form to:</p> <p>FILING COMPLIANCE BUREAU MS F151 <b>FRANCHISE TAX BOARD</b> PO BOX 1468 SACRAMENTO CA 95812-1468</p>	<p>If you received a notice in the mail from FTB and a fax number is shown, fax this completed form <b>with a copy of the notice</b> to that number. Include a cover sheet marked "Confidential." If no fax number is shown, follow the mailing instructions.</p> <p><b>FTB does not initiate contact with taxpayers by email or fax.</b></p> <p>If you have <b>not received an FTB notice</b> and are self-reporting potential risk for <b>future impact</b> to your tax account, fax this form to:</p> <p>916.843.0561</p>

Go to **oag.ca.gov** and search for **identity theft** for additional resources and information regarding identity theft.

### Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/Privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/Forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

### Connect With Us

Web: **ftb.ca.gov**

Phone: 916.845.7088 from 8 a.m. to 5 p.m. weekdays, except state holidays  
916.845.6500 from outside the United States

California Relay Service: 711 or 800.735.2929 for persons with hearing or speaking limitations