



New Jersey Division of Taxation
Identity Theft Declaration

Complete and submit this form if you are an actual or potential victim of identity theft and would like the New Jersey Division of Taxation to mark your account to identify any questionable activity.

Mark an X in one of the following boxes:

- I am a victim of identity theft and it is affecting my New Jersey State tax record.
- I have experienced an event involving my personal information that may at some future time affect my NJ State tax records. (Mark this box if you are the victim of non-tax-related identity theft or at risk due to a lost/stolen wallet or purse, questionable credit card or report activity, etc.)

Briefly describe the problem and how you were made aware of it.

Taxpayer's last name	First name	Middle Initial	Social Security #
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Taxpayer's current mailing address (number and street with apt.or suite no. or PO Box)

City	State	Zip Code	Daytime Telephone #
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Tax year(s) affected	Tax year and filing status of last NJ tax return filed
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Address on last NJ tax return filed

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

Signature of Taxpayer

Printed name of person signing

Date signed (mm-dd-yyyy)

Submit this completed form and a photocopy of one of the following documents to verify your identity:

- a) Driver's license b) U.S. passport c) U.S. military ID card d) Other valid ID issued by a state or federal agency

You must also include photocopies of the following:

- Proof of address for tax year(s) affected **or**, if not applicable, your current address (or utility bill, lease agreement, bank statement,etc.)
- Notice received from the NJ Division of Taxation (if applicable)

Send the photocopies required above, with this form, to the address listed below:

**Mail to: NJ Division of Taxation
Attn: Identity Theft
PO Box 272
Trenton, NJ 08695-0272**