



**ALABAMA DEPARTMENT OF REVENUE  
INVESTIGATIONS DIVISION  
P.O. BOX 11487 Huntsville, AL 35814  
Phone: (256) 837- 2319**

Form INV ID1  
Revised July 2017

**IDENTITY THEFT AFFIDAVIT**

Please complete and submit this form if you are an actual or potential victim of identity theft and would like the Alabama Department of Revenue (ADOR) to mark your account to identify any questionable activity.

**Please check one of the following boxes**

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

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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 *(if applicable or known)*

Last tax return filed (year) *(Enter NRF if not required to file)*

Taxpayer's:	Last name	First name	Middle Initial	Provide the last 4 digits of your Social Security Number (SSN)
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Taxpayer's current mailing address

City	State	ZIP code
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Address on last tax return filed *(Type "NR" if you are not required to file a tax return)*

City	State	ZIP code
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Telephone Number:	Home/Work/Cell	Email Address
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Primary language:    English    Spanish    Other - specify below

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.)*

Driver's license      Non Driver ID      Social Security Card      Passport