



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 you 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		M. I.	Social Security Number	
Taxpayer's Current Mailing Address (number and street with apt. or suite no., or PO Box )						
City		State	Zip Code		Daytime Telephone #	
Tax Year(s) Affected	Filing Status and Tax year of Last New Jersey Tax Return Filed		Paid Tax Preparer Name (if any)		Preparer's PTIN	
Address on Last New Jersey Tax Return Filed						
City		State	Zip Code			

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)
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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

Include photocopies of the following (If applicable):

- Police Report Statement or FTC Identity Theft Report.
- 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.

Send photocopies of any of the above items along with this form to:

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