

Form M1ID, Identity Theft Affidavit

This form allows you to inform the Minnesota Department of Revenue that your tax return may be impacted by identity theft.

Section A — Name and Contact Information of	Taxpayer			
Taxpayer Name	Apartment or Suite	Social Security Number or ITIN Minnesota or Federal Employer Identification Number (FEIN) (Sole Proprietors)		
Street Address or PO Box				
City	State	ZIP Code	Primary Language	
Phone Number		Email Address (Optio	nal)	
 Attach the following documentation to Form M1ID: A copy of one document to verify your identity, su federal government. A copy of one or more documents showing your a applicable, provide proof of your current address. A copy of all wage and tax statements issued to you have if any of a policy report regarding the identity. 	ch as a driver's license ddress for the affected u during the affected	I tax years, such as a ι		
 A copy, if any, of a police report regarding the iden Section B — Identity Theft Victim Details 	inty theit.			
Check the following boxes in this section that apply t	o the specific situatior	you are reporting:		
I am submitting this form for myself.				
I am submitting this form in response to a Lette Please provide any relevant Letter ID numbers		innesota Department —	of Revenue.	
I am submitting this form on behalf of my depe	ndent child or depend	ent relative.		
I am submitting this form as the appointed con-	servator or due to bei	ng awarded power of	attorney.	
I am submitting this form on behalf of a deceas	ed taxpayer. (If yes, in	clude a copy of the de	ath certificate.)	
Section C — Reason for Filing this Form				
Someone used my information to file taxes				
I do not know if someone used my information	to file taxes, but I am a	a victim of identity the	ft.	
Section D — Identity Theft Details				
How did you learn of the identity theft? (Explain you	r identity theft issue, h	ow you became awar	e of it, and provide relevant dates.)	
What tax years are you claiming your identity was sto	olen?			
Were you a Minnesota resident during the years you	r identity was stolen?		Yes No	
Were you required to file a Minnesota individual inco	ome tax return?		Yes No	
Were you incarcerated during the tax years in question	on?		Yes No	
Date of incarceration:to_				
Location of incarceration (name of location, city, sta	ate):			

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Se	ion E — Employer or Preparer Data Breach				
	your identity compromised because of an employer or preparer data breach? Yes Yes No Yes Yes				
Wl	t is the name of your employer or preparer?				
Wl	t is the best contact number for your employer or preparer?				
If k	own, when and how did the data breach occur?				
Se	ion F — Additional Steps Recommended After Submission				
1.	Contact the Internal Revenue Service (IRS). Include a copy of the Federal Form 14039 (Identity Theft Affidavit), if required by the IRS. //isit www.identitytheft.gov for more information.				
2.	ile a police report with your local police department. Obtain a copy of the police report for your own records				
3.	Contact the following governmental entities to notify them that your identity was stolen: I. Federal Trade Commission: www.ftc.gov or call 1-877-438-4338 I. Social Security Administration: www.socialsecurity.gov or call 1-800-772-1213				
4.	. Contact the following credit bureaus to notify them that your identity was stolen: a. Equifax: www.equifax.com or call 1-800-525-6285 b. Experian: www.experian.com or call 1-888-397-3742 c. TransUnion: www.transunion.com or call 1-800-680-7289				
Se	ion G — Penalty of Perjury Statement and Signature				
	eby state that the above information on this Form M1ID is true and correct, and that all relevant information has been included.				
Pa	nt, Guardian, Conservator: I certify that I have the legal authority to sign this form.				
Sigi	ture Date Address, If Different from Taxpayer				

Phone Number

City

Mail: Minnesota Department of Revenue, PO Box 64598, St. Paul, MN 55164-0598

Fax: 651-556-5144 (Attn: ID Theft)

Print Name and Title

Form M1ID Instructions

Purpose of This Form

By signing Form M1ID, you authorize the Minnesota Department of Revenue to indicate that your tax returns may be impacted by identity theft.

How to Complete this Form

The way you complete this form depends on whether you have a Minnesota Individual Income Tax filing requirement. To determine if you have a filing requirement, go to www.revenue.state. mn.us and enter **who must file** into the Search box.

Allow us at least 60 days to review your response upon receipt. If you fail to provide all the required documents in this affidavit, your claim may be delayed or deemed unsubstantiated.

Victims with a filing requirement

File a paper Minnesota Income Tax return (Form M1, *Individual Income Tax*) and mail to the appropriate address listed on the return. Attach to your return all income source documents (such as employer-issued W-2s and 1099s) and any applicable schedules.

Once you have your return, complete Form M1ID and mail or fax it to the address or fax number listed on the form. Include your return (with all attachments) and a completed copy of federal Form 14039. You may also attach a police report you filed for the identity theft.

Keep copies of your return and documents for your records.

Victims without a filing requirement

Mail or fax a fully completed Form M1ID, to the address or fax number listed on the form. You may also attach a police report you filed for the identity theft. Keep copies of all documents for your records.

State

ZIP Code

Your Signature

This affidavit is not valid unless it is signed and dated by someone with legal authority to sign it. For most people, this is the taxpayer whose data is being shared.

If granting authority for a joint return, only one spouse needs to sign. Parents or legal guardians must sign for minors. For legal guardians, conservators, personal representatives, and others signing on the taxpayer's behalf, we require documents and a photo ID to confirm legal authority.

We may request additional information as needed.

Questions?

For details about how identity theft and how the Minnesota Department of Revenue protect you from it, visit our website and enter **identity theft** into the Search box.

You may also contact us.

Income Tax and Withholding Division Phone: 651-297-5195 or 1-800-657-3500 Email: individual.incometax@state.mn.us

This information is available in alternative formats.