Department of Taxation and Finance

Identity Theft Declaration

DTF-275

(5/16)

Complete and submit this form if you are an actual or potential victim of identity theft and would like the New York State (NYS) Department of Taxation and Finance 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 NYS tax records.

☐ I have experienced an event involving my personal information that may at some future time affect my NYS 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	Last 4 digits of social security number *(SSN)*	Document locator number, Assessment ID, **or** Case ID from our notice *(if received)*

Taxpayer's **current** mailing address *(number and street with apt. or suite, or PO box)*

City State ZIP code

Telephone ☐ Home ☐ Work ☐ Cell	Best time(s) to call	I prefer to be contacted in *(indicate language)* ☐ English ☐ Spanish ☐ Other: _____
Tax year(s) affected *(if applicable or known)*	Tax year and filing status of last NYS tax return filed *(if not required to file, enter **NRF**)*	

Address on last NYS tax return filed *(if same as current address, write **same as above**)*

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)*

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 (on utility bill, lease agreement, bank statement, etc.)

– Notice received from NYS Tax Department *(if received)*

Send the photocopies required above with this form using one of the following options:

Fax to: **(518) 435-2990 Attn: Identity Verification Unit** (This is the preferred method.)

or

Mail to: **IDENTITY VERIFICATION UNIT**
PO BOX 4128
BINGHAMTON NY 13902-4128

If you are not using U.S. Mail, see Publication 55, *Designated Private Delivery Services.*

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