



LOUISIANA
DEPARTMENT of REVENUE

Louisiana Identity Theft Affidavit

Louisiana Department of Revenue
Criminal Investigations Division
P.O. Box 2389
Baton Rouge, LA 70821-2389
Fax: (225) 219-2287
Email: fraud.mailbox@la.gov

If you have been a victim of identity theft and/or your ability to file your tax return or receive a refund has been impacted, complete this form and submit it via email to: fraud.mailbox@la.gov; mail to P.O. Box 2389, Baton Rouge, LA 70821-2389 or fax to (225) 219-2287. Do not submit multiple forms or documents, unless directed to do so by LDR.

PLEASE PRINT OR TYPE

Taxpayer's Last Name	First Name	MI	Complete Social Security Number (SSN) or your complete Individual Taxpayer Identification Number (ITIN)	
Taxpayer's Current Mailing Address				
City			State	ZIP
If your current address is different from the address listed on your last tax return, please complete the information below.				
Address on last tax return filed				
City			State	ZIP
Please provide additional contact information below.				
Telephone Number ()	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	Best time(s) to call

Please provide a detailed explanation of the issue.

Check a box below and submit a photocopy of at least one of the following documents below with your form.

Passport Driver's license Social Security Card Other valid U.S. Federal or State government issued identification*

* Do not submit photocopies of federally issued identification where prohibited by 18 U.S.C. 701 (e.g., official badges designating federal employment).

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

Date Signed (mm/dd/yyyy)