



Identity Theft Affidavit

Complete and submit this form if you are an actual or potential victim of identity theft and would like the South Carolina Department of Revenue to mark your account to identify any questionable activity.

I am a victim of identity theft and I believe the incident is affecting or could affect my tax records.

Notified by the IRS

Attempted to e-file/Return rejected

Other (brief description)

I am a potential victim of identity theft and believe I may be at risk for future impact to my tax account (due to lost/stolen wallet or purse, questionable banking activity, etc.). Please explain.

Tax year(s) impacted and/or the date the incident occurred (if applicable or known)

Last tax year filed (or N/A if not required to file)

Taxpayer's: Last Name First Name Middle Initial

Social Security Number

If Married Filing Joint, Spouse's : Last Name First Name Middle Initial

Social Security Number

Current mailing address

City

State

Zip Code

Address on last tax return filed, if different (or N/A if not applicable)

City

State

Zip Code

Telephone Number: Home/Work/Cell

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

Signature of Spouse (if applicable)

Date Signed

Attach a copy of a valid government-issued photo identification card (driver's license, state-issue ID card, or passport) and a copy of your social security card. For questions regarding this form, contact the South Carolina Department of Revenue at 1-803-898-7638.

Mail, fax, or email completed affidavit and identification to:

Attn: ID Theft Affidavit
South Carolina Department of Revenue
Discovery and Enforcement
PO Box 125
Columbia, SC 29214-0816
Fax: 803-737-5966
Discovery.Enforcement@dor.sc.gov