Call WI at 608-266-2772 to report and then complete form and mail to address at bottom of page 2

| Form ID-100 | Identity Theft Declaration | Wisconsin Department of Revenue |
|---|---|---|

Complete this form if you believe you are a victim of identity theft and want to notify the Wisconsin Department of Revenue that your tax account may be impacted by identity theft.

## Section A – Name and Contact Information of Taxpayer

Individual's Last Name | First Name | MI | Social Security Number or ITIN

Business Name (if applicable) | Federal Employer ID Number

Current Mailing Address

City | State | Zip Code

( ) -
Phone Number ☐ Home ☐ Cell ☐ Work | Preferred Language (if other than English)

Address on the last WI Tax Return Filed (if same as current address, write SAME AS ABOVE) (If not required to file in WI, enter NRF)

City | State | Zip Code | Tax Year and Filing Status of last WI Tax Return Filed (If not required to file in WI, enter NRF)

## Section B – Reason for Filing this Form

☐ I am at risk of identity theft, due to a lost/stolen purse or wallet, data breach, etc. and I believe I may be at risk for future impact to my tax account.

☐ I am a victim of identity theft, and I believe I may be at risk for future impact to my tax account.

☐ I am a victim of identity theft, and I believe this incident is affecting my tax account.

## Section C – Identity Theft Details

What tax years do you believe were affected? _____

Were you a Wisconsin resident during the affected years? . . . . . ☐ Yes ☐ No

Provide an explanation of the identity theft. (Include how and when you learned of the incident, explain the issue, and how it is affecting your tax account.)



Form continued →

## Section D – Employer or Preparer Data Breach

Was your identity compromised due to an employer or tax preparer data breach? . . . . . ☐ Yes ☐ No
If Yes, provide the following information:

Name of your employer or tax preparer _____

Employer's or tax preparer's federal employer identification number _____ ☐ Unknown

Contact information: Name: _____ Phone number: (  )  -

When and how did the breach occur?

## Section E – Documentation to Include

Submit this form with copies of the following:

- A document with your photograph and full name such as a driver's license, state ID card, passport, or U.S. military ID card
- Data breach notification, if applicable
- IRS Form 14039 Identity Theft Affidavit, if you filed one, **and** the IRS letter of determination regarding the identity theft
- Police report regarding the identity theft
- Potential ID Theft Letter or Identity Theft Notification Letter from the Wisconsin Department of Revenue, if received

## Section F – Non-Consent (choose one)

☐ I **did not** give consent for anyone to use my personal and tax information, to prepare or file a tax return in my name, for the year(s) in question.

☐ I **did** provide my personal and tax information to someone for the year(s) in question, but **did not** give consent to file the tax return(s) on my behalf.

## Section G – Representative, Conservator, Parent or Guardian Information

(required if completing Form ID-100 on someone else's behalf)

I am submitting this as a representative, conservator, parent, or guardian on behalf of the individual named above.

Name: _____ Phone number: (  )  -

Address: _____

_____

## Section H – Declaration and Signature

*I declare, under penalty of law, that the information on this form is true, correct, and complete.*

| Signature | Date (mm-dd-yyyy) |
|---|---|
| | |

## Section I – Submitting the Form

Mail this form and all supporting documentation to:

**Wisconsin Department of Revenue**
**Office of Criminal Investigation - ID Theft**
**PO Box 8906**
**Madison WI 53708-8906**

Visit www.revenue.wi.gov and search for Identity Theft for additional resources and information regarding identity theft.