



# IDENTITY THEFT DECLARATION

OFFICE OF STATE TAX COMMISSIONER  
SFN 61003 (1-2021)



Complete and submit this form if you are a victim of identity theft. The Office of State Tax Commissioner will use this information to mark your account accordingly, causing review of any returns filed for questionable activity.

Select one of the following:

- I am a victim of identity theft and have a filing requirement in the State of North Dakota.
- I am a victim of identity theft and am not required to file in the State of North Dakota.

Name (last name, first name, middle initial)		Social Security Number	
Spouse's Name (last name, first name, middle initial)		Social Security Number	
Current Mailing Address		State	ZIP Code
Telephone Number	Tax Year(s) Affected	Filing Status (single, married filing jointly, etc)	
Briefly describe how you were made aware that you are a victim of identity theft.			

### PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-02, 57-01-15, and 57-01-17, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Please attach a copy of one of the following to this form before mailing:

- Photocopy of Driver's License, US Passport or Other Valid Form of State or Federal ID

To submit form,

Mail to:

Office of State Tax Commissioner  
Taxpayer Services  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505

Fax: 701-328-0331  
Email: [taxidtheft@nd.gov](mailto:taxidtheft@nd.gov)