

ZIP Code

State

	Social Security Number			
Last Name, First Name, Middle Initial				
Current Mailing Address				
City			State	ZIP Code
Telephone Number	Best Time to Call	Tax Year(s) Affect	Tax Year(s) Affected (if known)	
()				
Tax year and filing status (Single, Married Filing C	Combined, etc) of last Missouri tax return	n filed. If you are not required	d to file a re	turn, enter "N/A".
Address on last Missouri tax return filed (if sam	ne as current address, write "same as	above")		

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

Select one of the following boxes:

City

Taxpayer Information

I am a victim of identity theft and it is affecting my Missouri state tax records.

I have experienced an event involving my personal information that may at some future time affect my Missouri state tax records. (Select this box if you are a victim of non-tax-related identity theft or at risk due to lost or stolen wallet or purse, questionable credit card or credit report activity, etc.)

Description o

Ire	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.			
Signatu	Signature of Taxpayer	Printed Name	Date (MM/DD/YYYY)	

Submit this completed form, a copy of your police report (if applicable), and a photocopy of one of the following documents to verify your identity to the address or fax number listed below.

a) Driver's License b) U.S. Passport

c) U.S. Military ID Card

D Card d) Other valid ID issued by a state or federal agency

Mail to: Taxation Division Attn: Identity Theft P.O. Box 3366 Jefferson City, MO 65105-3366 Phone: (573) 522-4866 Fax: (573) 522-1762 E-mail: <u>idtheft@dor.mo.gov</u>



Form 5593 (Revised 05-2017)

Visit dor.mo.gov/taxation/individual/tax-types/income/identity-theft.html for additional information.