

Department Use Only (MM/DD/YY)			

		Social Security Number							
	Last Name, First Name, Middle Initial								
	Current Mailing Address								
	City			State	ZIP Code				
	Telephone Number	est Time to Call	Tax Year(s) Affe	cted (if know	wn)				
	Tax year and filing status (Single, Married Filing Combined, etc) of last Missouri tax return filed. If you are not required to file a return, enter "N/A"								
Address on last Missouri tax return filed (if same as current address, write "same as above")									
	City			State	ZIP Code				
	n a victim of identity theft and it is affecting my	Missouri state tax records.		Miss soul s					
e	ave experienced an event involving my persona this box if you are a victim of non-tax-related i								
t	ave experienced an event involving my persona	dentity theft or at risk due to lost of							
t	ave experienced an event involving my personal this box if you are a victim of non-tax-related is credit report activity, etc.)	dentity theft or at risk due to lost of							
	ave experienced an event involving my personal this box if you are a victim of non-tax-related is credit report activity, etc.)	dentity theft or at risk due to lost one of the made aware of it.	or stolen wallet or pu	irse, quest	ionable cred				

a) Driver's License

b) U.S. Passport

c) U.S. Military ID 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: idtheft@dor.mo.gov

Form 5593 (Revised 05-2017) 

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