



**Missouri Western State University**  
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## 2019-20 Victim of IRS Tax Related Identity Theft Certification

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Name of Applicable Tax Filer \_\_\_\_\_ Tax Year \_\_\_\_\_

By signing below, I certify that I am a victim of IRS tax-related identity theft and have filed an Identity Theft Affidavit (Form 14039) with the Internal Revenue Service (IRS).

I understand that I must contact the IRS at 1-800-908-4490 to obtain a copy of my Tax Return Transcript.

Signature of Tax Filer \_\_\_\_\_ Date \_\_\_\_\_