



METROPOLITAN POLICE DEPARTMENT – CITY OF ST. LOUIS
TAX-RELATED IDENTITY THEFT FORM

INSTRUCTIONS FOR PARTIES REPORTING TAX RELATED IDENTITY THEFT:

Print or type this form to report tax-related identity theft - also referred to as stolen identity refund fraud (SIRF). Tax-related identity theft occurs when an identity thief uses someone else’s stolen social security number to file a tax return claiming a fraudulent refund.

Generally, these false tax returns are filed early in the year so victims may be unaware until they try to file their taxes and learn one already has been filed using their social security number. This form must be complete and accurate.

After completing this form, please return it by mail to:

Metropolitan Police Department – City of St. Louis
T R U, 5th Floor, 1915 Olive Boulevard, St. Louis, MO 63103

The completed form also can be emailed to the below address:

TelephoneReporting@SLMPD.ORG

It is extremely important for all victims of tax-related identity theft to contact the Federal Trade Commission at www.identitytheft.gov or by calling the FTC Identity Theft Hotline at 1-877-438-4338 or TTY 1-866-653-4261.

SPECIAL NOTE: IT IS A LAW VIOLATION, PUNISHABLE BY IMPRISONMENT AND/OR FINE, TO INTENTIONALLY MAKE A FALSE REPORT OF A CRIME TO POLICE (SECTION 15.06.010 OF REVISED CITY CODE).

REPORTING PARTY INFORMATION (VICTIM OF TAX-RELATED IDENTIFICATION THEFT)

Last Name: _____ First Name: _____ Middle Initial _____
Social Security # _____ DOB: _____ Place of Birth: _____
Home Address: (Unit #, City, State, Zip) _____
Business Address: (Unit #, City, State, Zip) _____
Home/Cell Phone: _____ Business Phone: _____

INFORMATION REGARDING THE INCIDENT

On what date were you notified of the fraud?

Describe how you discovered the tax-related identity theft:

Please note: A St. Louis Metropolitan Police Department report number will be mailed to the address provided in the previous section. Please ensure the address is filled out completely and accurately.

Signature of Tax-Related Identity Theft Victim _____ Date _____