



2022-2023 Statement for Victims of IRS Identity Theft

Student Full Name _____ **VU ID# (or SSN)** _____

Indicate below those impacted by IRS Identity Theft

Student/spouse [* print full name of spouse below if spouse had IRS Identity Theft]

Parent(s) [* print parent(s) full name(s) below, if parent(s) had IRS Identity Theft]

* _____

Initial each statement below by person(s) effected by IRS Identity Theft (student, spouse, and/or parent(s))

1. I/we confirm that I/we have been the victim of IRS Identity Theft _____

2. I/we attest that the IRS has been made aware of the tax-related identity theft _____

Provide signature(s) below ONLY for those effected by IRS Identity Theft**

My signature below affirms that the information provided on this statement is true and complete at the time of submission:

Student _____ **Date** _____

Spouse _____ **Date** _____

Parent _____ **Date** _____

****Student must always sign this form. In addition, student's spouse must sign if he/she was the victim and a joint return was not filed with student. One parent signature is required, ONLY if a parent(s) are the victims and a they filed a joint tax return. If parents filed separately, only the parent victim of IRS Identity Theft will be identified above, and will sign this form.**

Return this form to:

**Financial Aid Office/Viterbo University
900 Viterbo Drive
La Crosse WI 54601
Fax - (608) 796-3859
Email – FAdocuments@viterbo.edu**