

Claim A: False/Fraudulent Tax Return

To obtain reimbursement under this category, you must attest to the following:

- I attest that I had a false/fraudulent tax return filed after January 26, 2017.
- I attest that I have not had false/fraudulent tax returns filed previously in the last 3 years.
- I attest that I have documentation of the false/fraudulent tax return being filed after January 26, 2017, and I have provided it with this Claim Form.

Failure to attest or provide appropriate documentation will result in the denial of your claim.

- I elect to submit a compensation request under Claim A.

Claim B: Unauthorized IRS Tax Transcript

To obtain reimbursement under this category, you must attest to the following:

- I attest that an unauthorized IRS tax transcript was requested using my personally identifiable information for the first time in 2017.
- I attest that as a result of the unauthorized IRS transcript request, I subsequently submitted an Identity Theft Affidavit to the IRS.
- I attest that I have no knowledge of any other IRS tax transcript request being made on my behalf without my authorization in prior years.
- I attest that I have documentation of the unauthorized tax transcript request and my submission of the Identity Theft Affidavit, and I have submitted that documentation with this Claim Form.

Failure to attest or provide appropriate documentation will result in the denial of your claim. Further note, if you also submitted a request under Claim A, your request under Claim B will be denied, as Claims A and B are mutually exclusive.

- I elect to submit a compensation request under Claim B.

Claim C: Identity Theft (other than the filing of a false/fraudulent tax return or unauthorized request for an IRS tax transcript or fraudulent charges on existing credit cards)

To obtain reimbursement under this category, you must attest to the following:

- I attest that I have experienced an incident of identity theft after January 26, 2017 (other than the filing of a false/fraudulent tax return or unauthorized request for an IRS tax transcript or fraudulent charges on existing credit cards).
- I attest that I have no knowledge of any other incidents of identity theft, other than fraudulent credit card activity, in the 3 years prior to 2017.
- I attest that I have documentation of my identity theft as a result of the Data Disclosure, and I have submitted such documentation with this Claim Form.

Failure to attest or provide appropriate documentation will result in the denial of your claim.

- I elect to submit a compensation request under Claim C.

Claim D: Out-of-Pocket Expenses (other than self-purchase of identity theft service)

To obtain reimbursement under this category, you must attest to the following:

- I attest that I incurred out-of-pocket expenses (other than self-purchase of identity theft service) as a result of the Data Disclosure.
- I attest that I have documentation of my out-of-pocket expenses (other than self-purchase of identity theft service) as a result of the Data Disclosure, and I have submitted such documentation with this Claim Form.
- I attest that I submitted a claim to AllClear ID for these expenses, but that the claim was denied and the appeal process was completed.

Total Out-of-Pocket Expenses Claimed: \$.

Description of the Expense	Date of Loss	Amount	Type of Supporting Documentation
Examples: Fraud alert placed on credit account	4/13/16	\$30.00	Copy of invoice/billing statement
Mailing police reports to credit card companies	5/01/16	\$5.00	Copy of receipt from U.S. Post Office

- I attest that I spent time dealing with the effects and consequences of the Data Disclosure, and I am submitting a notarized affidavit or a declaration under the penalty of perjury stating the amount of time (up to 3 hours) I spent dealing with the effects of the Data Disclosure.

You may be reimbursed for up to 3 hours of time at \$15/hour.

Time Spent: . (max. 3 hours) x \$15/hour: \$.

Total Time + Out-of-Pocket Expenses Claimed: \$. (max. \$500)

Failure to attest or provide appropriate documentation will result in the denial of your claim.

- I hereby submit a compensation request under Claim D.

Certification

I understand that my claim and the information provided above will be subject to verification.

By submitting this Claim Form, I hereby also declare under penalty of perjury under the law of the United States of America that the information provided in this Claim Form is true and correct. I further certify that any documentation that I have submitted in support of my claim consists of unaltered documents in my possession.

Yes, I understand that I am submitting this Claim Form and the affirmations it makes under the penalty of perjury. I further understand that my failure to check this box may render my claim null and void.

Claimant Signature

Date:

--	--

 -

--	--

 -

--	--	--	--

MM DD YYYY

Printed Name

**THIS CLAIM FORM MUST BE SUBMITTED OR POSTMARKED
AS EARLY AS DECEMBER 24, 2019, IN ORDER TO BE CONSIDERED TIMELY**