



Care for Work Environments®

January 27, 2014

Seth Uhrman, CEO



##99999-LV1-0123456
SAMPLE A SAMPLE
APT ABC
123 ANY ST
ANYTOWN, US 12345-6789

Dear Sample A Sample,

State Industrial is committed to protecting the personal information of our employees. Regrettably, I write to let you know about an incident we just learned of related to some of that information.

The FBI informed us on January 23, 2014 that unauthorized persons gained access to information about some current and former State Industrial employees. The FBI provided us with a list of the specific employees and the information the unauthorized persons had. The information on the list included name, address, e-mail address, Social Security number, driver's license number, gender, date of birth, phone number, employee ID, and date of hire.

The moment we learned of this incident, we immediately launched an investigation to learn how someone gained access to this information. As part of the investigation, we hired a computer security firm to examine our computer network. Though our investigation is just beginning and we do not know how this information was obtained, we wanted to immediately notify all employees whose information was on the list provided to us by the FBI. You are receiving this letter because your information, like mine, was on that list.

It appears that the list is being used by unauthorized persons for the purpose of filing fake tax returns. We are working with the FBI and the IRS to take steps to prevent this from occurring. To help with that process, you should complete the IRS Identity Theft Affidavit, a copy of which has been enclosed with this letter. There are instructions on form. You may also contact the IRS Identity Protection Specialized Unit at 1-800-908-4490 with questions.

For additional protection, we are providing a free one-year membership to Experian's® ProtectMyID® Alert. This product helps detect possible misuse of your personal information and provides you with identity protection services focused on immediate identification and resolution of identity theft. ProtectMyID Alert is free to you and enrolling in this program will not hurt your credit score. Unfortunately, due to privacy laws, we are not able to enroll you directly. **For more information on ProtectMyID Alert and instructions on how to activate your complimentary one-year membership, please see the included instructions in this letter. We strongly encourage you to take advantage of this offer.**

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We also recommend that you remain vigilant for signs of identity theft or fraud by reviewing your account statements and credit reports for any unauthorized activity. You can get a copy of your credit report, free of charge, once every 12 months from each of the three nationwide credit reporting companies. To order your annual free credit report from any of the three reporting companies, please visit www.annualcreditreport.com or call toll free at 1-877-322-8228. You can also contact those reporting companies directly:

- Equifax, PO Box 740256, Atlanta, GA 30374, www.equifax.com, 1-800-525-6285
- Experian, PO Box 9554, Allen, TX 75013, www.experian.com, 1-888-397-3742
- TransUnion, PO Box 6790, Fullerton, CA 92834, www.transunion.com, 1-800-680-7289

If you believe you are the victim of identity theft or have reason to believe your personal information has been misused, you should immediately contact the Federal Trade Commission and/or the attorney general's office in your home state. You should also contact your local law enforcement authority and file a police report. Obtain a copy of the police report in case you are asked to provide copies to creditors to correct your records. Contact information for the Federal Trade Commission is as follows:

Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580
www.ftc.gov, 1-877-438-4338

You can obtain information from these sources about steps an individual can take to avoid identity theft as well as information about fraud alerts and security freezes.

We know this incident is concerning, and we are very sorry it occurred. I want to assure you the leadership team at State Industrial is committed to the security of your personal information and that we take this matter very seriously. We set up a dedicated call center if you have any questions, or you need further assistance. **Please call the dedicated call center (not the HR department) at 1.877.218.2561 and enter this reference number: 2702012514.** The call center will be open Monday through Friday, 9:00 AM until 7:00 PM, Eastern Time.

Sincerely,



Seth Uhrman
CEO, State Industrial Products Corp.

Activate ProtectMyID Now in Three Easy Steps

1. ENSURE That You Enroll By: [Enrollment Date], 2014 (Your code will not work after this date.)
2. VISIT the ProtectMyID Web Site: www.protectmyid.com/redeem
3. PROVIDE Your Activation Code: ABCDEFGHIJKL

If you have questions or need an alternative to enrolling online, please call 877-371-7902.

ADDITIONAL DETAILS REGARDING YOUR {12-MONTH} PROTECTMYID MEMBERSHIP:

A credit card is not required for enrollment.

Once your ProtectMyID membership is activated, you will receive the following features:

- **Free copy of your Experian credit report**
- **Surveillance Alerts for:**
 - **Daily Bureau Credit Monitoring:** Alerts of key changes & suspicious activity found on your Experian, Equifax® and TransUnion® credit reports.
- **Identity Theft Resolution & ProtectMyID ExtendCARE:** Toll-free access to US-based customer care and a dedicated Identify Theft Resolution agent who will walk you through the process of fraud resolution from start to finish for seamless service. They will investigate each incident; help with contacting credit grantors to dispute charges and close accounts including credit, debit and medical insurance cards; assist with freezing credit files; contact government agencies.
 - It is recognized that identity theft can happen months and even years after a data breach. To offer added protection, you will receive ExtendCARE™, which provides you with the same high-level of Fraud Resolution support even after your ProtectMyID membership has expired.
- **\$1 Million Identity Theft Insurance*:** Immediately covers certain costs including, lost wages, private investigator fees, and unauthorized electronic fund transfers.

Once your enrollment in ProtectMyID is complete, you should carefully review your credit report for inaccurate or suspicious items. If you have any questions about ProtectMyID, need help understanding something on your credit report or suspect that an item on your credit report may be fraudulent, please contact Experian's customer care team at 877-371-7902.

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* Identity theft insurance is underwritten by insurance company subsidiaries or affiliates of AIG. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Complete and submit this form if you are an actual or potential victim of identity theft and would like the IRS to mark your account to identify any questionable activity.

Check only one of the following two boxes if they apply to your specific situation. (Optional for all filers)

- I am submitting this form in response to a mailed notice or letter from the IRS.
- I am completing this form on behalf of another person, such as a deceased spouse or other deceased relative. You should provide information for the actual or potential victim in Sections A, B, & D.

Note to all filers: Failure to provide required information on **BOTH** sides of this form **AND** clear and legible documentation will delay processing.

Section A – Reason For Filing This Form (Required for all filers)

Check only **ONE** of the following two boxes. You **MUST** provide the requested description or explanation in the lined area below.

- 1** I am a victim of identity theft **AND** it is affecting my federal tax records.

You should check this box if, for example, your attempt to file electronically was rejected because someone had already filed using your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), or if you received a notice or correspondence from the IRS indicating someone was otherwise using your number.

Provide a short explanation of the problem and how you were made aware of it.

- 2** I have experienced an event involving my personal information that may at some future time affect my federal tax records.

You should check this box if you are the victim of non-federal tax related identity theft, such as the misuse of your personal identity information to obtain credit. You should also check this box if no identity theft violation has occurred, but you have experienced an event that could result in identity theft, such as a lost/stolen purse or wallet, home robbery, etc.

Briefly describe the identity theft violation(s) and/or the event(s) of concern. Include the date(s) of the incident(s).

The FBI informed my employer, State Industrial, on January 23, 2014 that unauthorized persons gained access to information about some current and former State Industrial employees. It is believed that the unauthorized persons are using this information to file false tax returns. The FBI obtained a copy of the list, and that list included my name, address, e-mail address, Social Security number, driver's license number, gender, date of birth, phone number, employee ID, and date of hire. State Industrial informed me that they have worked with the FBI to have this information shared with the IRS to prevent my information from being used as part of a false return.

Section B – Taxpayer Information (Required for all filers)

Taxpayer's last name	First name	Middle initial	The last 4 digits of the taxpayer's SSN or the taxpayer's complete Individual Taxpayer Identification Number (ITIN)
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Taxpayer's **current** mailing address (apt., suite no. and street, or P.O. Box)

City	State	ZIP code
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Tax year(s) affected <i>(Required if you checked box 1 in Section A above)</i>	Last tax return filed (year) <i>(If you are not required to file a return, enter NRF and do not answer the next two questions)</i>
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Address on last tax return filed *(If same as current address, write "same as above")*

City (on last tax return filed)	State	ZIP code
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Section C – Telephone Contact Information (Required for all filers)

Telephone number <i>(include area code)</i> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Best time(s) to call
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I prefer to be contacted in *(select the appropriate language)* English Spanish Other _____

Section D – Required Documentation (Required for all filers)

Submit this completed form and a **clear and legible** photocopy of at least one of the following documents to verify your identity. If you are submitting this form on behalf of another person, the documentation should be for that person. If necessary, enlarge the photocopies so all information and pictures are clearly visible.

Check the box next to the document(s) you are submitting:

- Passport Driver's license Social Security Card Other valid U.S. Federal or State government issued identification**

** Do not submit photocopies of federally issued identification where prohibited by 18 U.S.C. 701 (e.g., official badges designating federal employment).

Identity Theft Affidavit

Section E – Representative Information (Required only if completing this form on someone else's behalf)

If you are completing this form on behalf of another person, you **must** complete this section and attach **clear and legible** photocopies of the documentation indicated.

Check only **ONE** of the following four boxes next to the reason why you are submitting this form

- The taxpayer is deceased and I am the surviving spouse. *(No attachments are required)*
- The taxpayer is deceased and I am the court-appointed or certified personal representative.
Attach a copy of the court certificate showing your appointment.
- The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed.
Attach a copy of the death certificate or the formal notification from the appropriate government office informing the next of kin of the decedent's death. Indicate your relationship to the decedent: _____
- The taxpayer is unable to complete this form and I have been appointed conservator or have Power of Attorney (POA) authorization.
Attach a copy of the documentation showing your appointment as conservator or your POA authorization.
If you are the POA and have been issued a CAF number by the IRS, enter it here: _____

Representative's name _____

Current mailing address _____

City	State	ZIP code
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Section F – Penalty Of Perjury Statement and Signature (Required for all filers)

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this form is true, correct, complete, and made in good faith.

Signature of taxpayer or representative of taxpayer	Date signed
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Instructions for Submitting this Form

Submit this form and **clear and legible** copies of required documentation using **ONE** of the following submission options.

Mailing **AND** faxing this form **WILL** result in a processing delay.

By Mail	By FAX
<p>If you checked Box 1 in Section A and are unable to file your return electronically because the primary and/or secondary SSN was misused, attach this form and documentation to your paper return and submit to the IRS location where you normally file. If you have already filed your paper return, submit this form and documentation to the IRS location where you normally file. Refer to the "Where Do You File" section of your return instructions or visit IRS.gov and input the search term "Where to File".</p> <p>If you checked Box 1 in Section A and are submitting this form in response to a notice or letter received from the IRS, return this form and documentation with a copy of the notice or letter to the address contained in the notice or letter.</p> <p>If you checked Box 2 in Section A (you do not currently have a tax-related issue), mail this form and documentation to:</p> <p style="text-align: center;">Internal Revenue Service PO Box 9039 Andover MA 01810-0939</p>	<p>If you checked Box 1 in Section A and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX this completed form and documentation with a copy of the notice or letter to that number. Include a cover sheet marked "Confidential." If no FAX number is shown, follow the mailing instructions on the notice or letter.</p> <p>If you checked Box 2 in Section A (you do not currently have a tax-related issue), FAX this form and documentation to: (855) 807-5720.</p> <p>NOTE: The IRS does not <i>initiate</i> contact with taxpayers by email, fax, or any social media tools to request personal or financial information. Report unsolicited email claiming to be from the IRS and bogus IRS websites to phishing@irs.gov.</p> <p>NOTE: For more information about questionable communications purportedly from the IRS, visit IRS.gov and input the search term "Fake IRS Communications".</p>

Other helpful identity theft information may be found on www.irs.gov/uac/Identity-Protection. Additionally, locations and hours of operation for Taxpayer Assistance Centers can be found at www.irs.gov (search "Local Contacts").

Note: The Federal Trade Commission (FTC) is the central federal government agency responsible for identity theft awareness. The IRS does not share taxpayer information with the FTC. Refer to the FTC's website at www.identitytheft.gov for additional information, protection strategies, and resources.

Privacy Act and Paperwork Reduction Notice

Our legal authority to request the information is 26 U.S.C. 6001.

The primary purpose of the form is to provide a method of reporting identity theft issues to the IRS so that the IRS may document situations where individuals are or may be victims of identity theft. Additional purposes include the use in the determination of proper tax liability and to relieve taxpayer burden. The information may be disclosed only as provided by 26 U.S.C. 6103. Providing the information on this form is voluntary. However, if you do not provide the information it may be more difficult to assist you in resolving your identity theft issue. If you are a potential victim of identity theft and do not provide the required substantiation information, we may not be able to place a marker on your account to assist with future protection. If you are a victim of identity theft and do not provide the required information, it may be difficult for IRS to determine your correct tax liability. If you intentionally provide false information, you may be subject to criminal penalties. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W-CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see the form for filing instructions. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.