

Intelligence Referral

	Use this form to report suspe	ected tax law violations	by a person or business			
	n A - Information Abou					
	an individual. Complete Part 2 if yo			orting busi	ness and its owner.	
Name of Individual	Soci	Social Security Number/TIN			Birth (mm/dd/yyyy)	
Street Address	City	,		State	Zip Code	
Occupation	Em	Email Address			Personal Phone Number	
Name of Business	Emp	Employer Identification Number (EIN)			Business Phone Number	
Address	City	7		State	Zip Code	
	Section B - Desc	cription of the Alle	ged Tax Violation			
Alleged Tax Violation (chec	k all that apply)					
Failure to File Return	False Deductions	False Documents	Unreported Income		Tobacco Diversion	
Failure to Pay Tax	Failure to Withhold Tax	Multiple Filings	Drug/Crime Procee	ds	Other (describe below)	
Comments (Briefly described the	facts of the aneged violation - who	what whell where how you i	cariicu about and obtanicu tiic in	normation	reomanicu iii iiiis repoit	
Additional Information:				V	N	
Are books/records/receipts available? (If available, we will contact you if needed for an investigation)			for an investigation)	Yes	No	
Do you consider the taxpaye	r dangerous?			Yes	No	
Banks/Financial Institutions						
	Section C (If submitted by a private individual)	- Information Sub dual, check here if you w	emitted by gant to remain anonymous.)			
Referral Source Nam	me	Agency (if applicable)		Phone Number		
Address		City	State	Zi	p	
May we contact you if we ha	ave further questions? Ves	No Sove I	Form & Email to: criminal	lhuraeu	ador stato me us	