Massachusetts Department of Revenue
Criminal Investigations Bureau

ITTF Intelligence Referral

Use this form to report suspicious tobacco activity to the Massachusetts Illegal Tobacco Task Force (ITTF)

Section A - Information About the Person or Business You Are Reporting

Complete Part 1 if you are reporting an individual. Complete Part 2 if you are reporting a business only. Complete Parts 1 and 2 if reporting business and its owner.

Part 1

Name of Individual: John Hayes | Social Security Number | Date of Birth (mm/dd/yyyy)

Street Address | City | State | Zip Code

Occupation | Email Address | Personal Phone Number

Part 2

Name of Business | Employer Identification Number (EIN) | Business Phone Number

Address | City | State | Zip Code

Section B - Description of Suspicious Activity Related to Tobacco Products

Alleged Tobacco Violation (check all that apply)

☐ Cigarettes - Unstamped/Out of State Stamp ☐ Cigarettes - Flavored ☐ ENDS (Vape) - Flavored ☐ Other Tobacco

Comments (Briefly described the facts of the alleged violation - who/what/when/where/how you learned about and obtained the information contained in this report)

Additional Information:

Are photographs or other evidence available? (we will contact you if needed for an investigation) ☐ Yes ☐ No

Does the suspicious tobacco activity involve underage individuals (< 21 years of age)? ☐ Yes ☐ No

Does the alleged violation relate to interstate activity/diversion? ☐ Yes ☐ No

Section C - Information Submitted by

(If submitted by a private individual or business, please check here ☐ if you want to remain anonymous)

Referral Source | Name | Agency (if applicable) | Phone Number

Address | City | State | Zip

May we contact you if we have further questions? Yes ☐ No ☐ Email Completed Form to: **ITTF@dor.state.ma.us**