



**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 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)

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**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](mailto:ITTF@dor.state.ma.us)