

**Information Referral**

(See instructions on reverse)

1. Taxpayer Name		2. Business Name																	
a. Street Address		a. Street Address																	
b. City/State/ZIP		b. City/State/ZIP																	
c. Social Security Number (SSN)		c. Employer Identification Number																	
d. Occupation		d. Principal Bus Activity																	
e. Date of Birth																			
3. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		3a. Name of Spouse																	
4. Alleged Violation of Income Tax Law (Check all that apply). <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> False Exemption</td><td><input type="checkbox"/> Unsubstantiated Income</td><td><input type="checkbox"/> Unreported Income</td><td><input type="checkbox"/> Failure to Withhold Tax</td></tr><tr><td><input type="checkbox"/> False Deductions</td><td><input type="checkbox"/> Kickback</td><td><input type="checkbox"/> Narcotics Income</td><td><input type="checkbox"/> Wagering/Gambling</td></tr><tr><td><input type="checkbox"/> Multiple Filing</td><td><input type="checkbox"/> False/Altered Documents</td><td><input type="checkbox"/> Public/Political Corruption</td><td><input type="checkbox"/> Earned Income Credit</td></tr><tr><td><input type="checkbox"/> Organized Crime</td><td><input type="checkbox"/> Failure to Pay Tax</td><td><input type="checkbox"/> Failure to File Return</td><td><input type="checkbox"/> Other (Describe below)</td></tr></table>				<input type="checkbox"/> False Exemption	<input type="checkbox"/> Unsubstantiated Income	<input type="checkbox"/> Unreported Income	<input type="checkbox"/> Failure to Withhold Tax	<input type="checkbox"/> False Deductions	<input type="checkbox"/> Kickback	<input type="checkbox"/> Narcotics Income	<input type="checkbox"/> Wagering/Gambling	<input type="checkbox"/> Multiple Filing	<input type="checkbox"/> False/Altered Documents	<input type="checkbox"/> Public/Political Corruption	<input type="checkbox"/> Earned Income Credit	<input type="checkbox"/> Organized Crime	<input type="checkbox"/> Failure to Pay Tax	<input type="checkbox"/> Failure to File Return	<input type="checkbox"/> Other (Describe below)
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5. Unreported Income and Tax Years (Fill in Tax Years and dollar amount(s), if known, e.g., TY2005 \$10,000) <table style="width: 100%; border: none;"><tr><td>TY ____ \$ ____</td><td>TY ____ \$ ____</td><td>TY ____ \$ ____</td><td>TY ____ \$ ____</td><td>TY ____ \$ ____</td><td>TY ____ \$ ____</td></tr></table>				TY ____ \$ ____	TY ____ \$ ____	TY ____ \$ ____	TY ____ \$ ____	TY ____ \$ ____	TY ____ \$ ____										
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a. Comments (Briefly describe the facts of the alleged violation - Who/What/Where/When/How. Attach another sheet, if needed). <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>																			
b. Are books/records available? <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Do you consider the taxpayer dangerous? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
d. Banks, Financial Institutions used by the taxpayer: Name: _____ Address: _____ City/State/ZIP: _____		Name: _____ Address: _____ City/State/ZIP: _____																	
e. Please describe how you learned and/or obtained the information in this report (Attach another sheet, if needed): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>																			
6. Your Name: _____																			
a. Address: _____																			
b. City/State/ZIP: _____																			
c. Telephone Number (Please include the Area Code): _____																			

For Mailing Address, see Instructions

For Paperwork Reduction Act, see Instructions