

NC Department of Revenue Tax Fraud Referral Form

1. Taxpayer Name a. Street Address b. City/State/Zip c. Social Security # d. Occupation e. Phone Numbers	2. Business Name a. Street Address b. City/State/Zip c. Employer ID # d. Principal Bus. Activity e. Website
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3. Marital Status

Married Separated
 Divorced Head of Household
 Single

a. Name of Spouse

4. Alleged Violation (check all that apply)

<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"/> Tax Protester	<input type="checkbox"/> Unreported Sales	<input type="checkbox"/> Wagering/Gambling
<input type="checkbox"/> Multiple Filing	<input type="checkbox"/> False/Altered Documents	<input type="checkbox"/> Return Preparer	<input type="checkbox"/> Earned Income Credit
<input type="checkbox"/> Failure to Collect	<input type="checkbox"/> Failure to Pay Tax	<input type="checkbox"/> Failure to File Return	<input type="checkbox"/> Other (describe below)

5. Unreported Income/Sales and Tax Years (fill in tax years and dollar amount(s), if known, e.g. TY2007 \$10,000)

TY \$
 TY \$
 TY \$
 TY \$

a. Comments (briefly describe the facts of the alleged violation - Who/What/Where/When/How. (attach another sheet, if needed).

b. Are books/records available? c. Location?

d. Taxpayer's Accountant, CPA, Bookkeeper

e. Banks, Financial Institutions used by the taxpayer:

Name <input style="width: 300px;" type="text"/>	Name <input style="width: 300px;" type="text"/>
Address <input style="width: 300px;" type="text"/>	Address <input style="width: 300px;" type="text"/>
City/State/Zip <input style="width: 300px;" type="text"/>	City/State/Zip <input style="width: 300px;" type="text"/>

f. Please describe how you learned and/or obtained the information in this report (attach another sheet, if needed).

6. Your Name **Address**

City/State/Zip **Phone Number (with Area Code)**