

INSTRUCTIONS:

Please send the completed form and a copy of supporting documents to: California Department of Tax and Fee Administration, Tax Investigations and Inspections Bureau, PO Box 942879, Sacramento, CA 95814-0042.

As an alternative to submitting a complaint by mail, you may go online and submit a complaint at [Report Suspected Tax Fraud Activity](#).

INFORMATION ABOUT THE PERSON OR BUSINESS YOU ARE REPORTING (boxes marked with an asterisk [*] are required fields)

FIRST NAME*	LAST NAME*	MIDDLE NAME	BUSINESS TELEPHONE NUMBER	CELLPHONE NUMBER
SUSPECT'S APPROXIMATE AGE	SPOUSE'S INFORMATION (name, address, among others)			
CORPORATION, LIMITED LIABILITY CORPORATION (LLC), PARTNERSHIP NAME*		SECRETARY OF STATE NUMBER OR EMPLOYER IDENTIFICATION NUMBER (EIN) (if any)		
DOING BUSINESS AS (DBA) NAME*	BUSINESSES ADDRESS* (if operating out of a home, list home address)	CITY*	STATE*	ZIP CODE*
MAILING ADDRESS (if different from above)		WEBSITE ADDRESS	EMAIL ADDRESS	

COMPLAINT CATEGORIES (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Beverage Tax | <input type="checkbox"/> Cigarette and Tobacco Products Licensing Issue |
| <input type="checkbox"/> Cannabis Tax | <input type="checkbox"/> Tobacco Products Tax (cigars, hookahs, pipes, vapes) |
| <input type="checkbox"/> Cigarette Tax (unstamped/out-of-state stamps) | <input type="checkbox"/> Fuel Tax |
| <input type="checkbox"/> eCigarette Tax | <input type="checkbox"/> Sales and Use Tax |

COMPLAINT SUMMARY (who, what, when, where, and how)

Describe the offense, and include dates. If additional space is needed, please continue to the back of this form.

Can you provide evidence to support your complaint? Yes No If yes, describe the evidence.

UNREPORTED TAX AMOUNT AND TAX YEAR (TY)

Fill in tax years and dollar amounts, if known (for example, TY 2010—\$10,000)

TY _____ \$ _____ TY _____ \$ _____ TY _____ \$ _____ TY _____ \$ _____ TY _____ \$ _____

ADDITIONAL INFORMATION

- a) Are books/records available? Yes No Unknown
 If available, send minimal copies now. We will contact you if additional copies are needed.
- b) Do you consider the suspect dangerous? Yes No Unknown
- c) If you know the banks, financial institutions, accountant/bookkeepers used by the suspect, please complete below.

BANK, FINANCIAL INSTITUTION, OR ACCOUNT NAME			BANK, FINANCIAL INSTITUTION, OR ACCOUNT NAME		
BUSINESS ADDRESS			BUSINESS ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

YOUR INFORMATION

ANONYMOUS You are encouraged to provide your contact information in case more details are needed to investigate your complaint. Complaints with insufficient information may not be processed.

FIRST NAME	LAST NAME	MIDDLE NAME	BUSINESS TELEPHONE NUMBER	CELLPHONE NUMBER
BUSINESS AND/OR MAILING ADDRESS			CITY	STATE ZIP CODE
EMAIL ADDRESS			DATE COMPLETED	

WHAT IS YOUR RELATIONSHIP TO THE SUSPECT? (check all that apply)

- Employee Friend Relative Competitor Customer Accountant/Bookkeeper Other _____

(CONTINUED) COMPLAINT SUMMARY (*who, what, when, where, and how*)
