

**Information Referral**

(See instructions on reverse)

Use this form to report suspected tax law violations by a person or a business.

**CAUTION: READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. There may be other more appropriate forms specific to your complaint. (For example, if you suspect your identity was stolen, use Form 14039.)**

**Section A – Information About the Person or Business You Are Reporting**

Complete 1, if you are reporting an Individual. Complete 2, if you are reporting a business only. Complete 1 and 2 if you are reporting a business and its owner. (Leave blank any lines you do not know.)

1a. Name of individual <b>Offender Name Here</b>		b. Social Security Number/TIN		c. Date of birth	
d. Street address <b>1234 Their Address Street</b>		e. City <b>City / Town</b>		f. State <b>ST</b>	g. ZIP code <b>12345</b>
h. Occupation <b>Prosecutor / Judge / Etc.</b>			i. Email address <b>(put their e-mail if you know it)</b>		
j. Marital status (check one, if known) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				k. Name of spouse	
2a. Name of business <b>BANK / COMPANY / COURT NAME</b>		b. Employer Tax ID number (EIN) <small>LOOK UP THEIR T.I.N. ON YOUR S.O.S. WEBSITE*</small>		c. Telephone number	
d. Street address <b>1234 THEIR ADDRESS ST.</b>		e. City		f. State	g. ZIP code
h. Email address <b>(put their e-mail if you know it)</b>			i. Website <b>(put their website if you know it)</b>		

**Section B – Describe the Alleged Violation of Income Tax Law**

3. Alleged violation of income tax law. (Check all that apply.)

<input checked="" type="checkbox"/> False Exemption	<input checked="" type="checkbox"/> Unsubstantiated Income	<input checked="" type="checkbox"/> Unreported Income	<input type="checkbox"/> Failure to Withhold Tax
<input checked="" type="checkbox"/> False Deductions	<input type="checkbox"/> Earned Income Credit	<input type="checkbox"/> Narcotics Income	<input checked="" type="checkbox"/> Failure to File Return
<input type="checkbox"/> Multiple Filings	<input checked="" type="checkbox"/> Public/Political Corruption	<input type="checkbox"/> Kickback	<input checked="" type="checkbox"/> Failure to Pay Tax
<input checked="" type="checkbox"/> Organized Crime	<input checked="" type="checkbox"/> False/Altered Documents	<input type="checkbox"/> Wagering/Gambling	<input checked="" type="checkbox"/> Other (describe in 5)

4. Unreported income and tax years  
Fill in Tax Years and dollar amounts, if known (e.g., TY 2010- \$10,000)

TY 2020 \$ <sup>VALUE</sup> <sub>NOTE</sub> OF TY \_\_\_\_\_ \$ \_\_\_\_\_ TY \_\_\_\_\_ \$ \_\_\_\_\_ TY \_\_\_\_\_ \$ \_\_\_\_\_ TY \_\_\_\_\_ \$ \_\_\_\_\_

5. Comments (Briefly describe the facts of the alleged violation-Who/What/Where/When/How you learned about and obtained the information in this report. Attach another sheet, if needed.)

**See attached. (3949A attachment template)**

6. Additional information. Answer these questions, if possible. Otherwise, leave blank.

a. Are book/records available? (If available, do not send now. We will contact you, if they are needed for an investigation.)  Yes  No

b. Do you consider the taxpayer dangerous  Yes  No

c. Banks, Financial Institutions used by the taxpayer

Name <b>SAME AS ABOVE</b>			Name		
Street address			Street address		
City	State	ZIP code	City	State	ZIP code

**Section C – Information About Yourself**

(We never share this information with the person or business you are reporting.)

This information is not required to process your report, but would be helpful if we need to contact you for any additional information.

7a. Your name <b>First Middle Last</b>		b. Telephone number	c. Best time to call	
d. Street address <b>c/o 1234 Your Address Street</b>		e. City <b>City / Town</b>	f. State <b>State</b>	g. ZIP code <b>[12345]</b>

Print and send your completed form to: Internal Revenue Service  
PO Box 3801  
Ogden, UT 84409