



Fraud Referral Form

Taxpayer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Last 4 digits of Social Security Number (optional): _____

Marital Status: _____

Name of Spouse: _____

Business Information

Business Name: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Alleged Violation of Income Tax Law (check all that apply)

False Exemption

False Deductions

Multiple Filing

Failure to Pay Tax

Unreported Income

Failure to File Return

Failure to Withhold Tax

False/Altered Documents

Narcotics Income

Selling Alcohol without License

Selling Alcohol to Minors

Other: _____

Comments :

(Briefly describe the facts of the alleged violation – Who/What/When/How)

Please describe how you learned and/or obtained the information in this report:

Your Name: _____

Your Phone Number: _____

Today Date: _____

Please complete the form and mail it to:

Georgia Department of Revenue
Office of Special Investigations
1800 Century Center Blvd, Suite 1175
Atlanta, Georgia 30345