



ALABAMA DEPARTMENT OF REVENUE
 INVESTIGATIONS DIVISION
 P.O. Box 327641 • Montgomery, AL 36132-7641 • (334) 242-3012

INV 37283
 10/2013

Information Referral

INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL

Date: _____

1a. Taxpayer Name	2a. Business Name
b. Street Address	b. Street Address
c. City / State / ZIP	c. City / State / ZIP
d. Social Security Number (SSN)	d. Employer Identification Number (EIN)
e. Occupation	e. Principal Business Activity
f. Date of Birth	f. Approximate Year of Business

3a. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	3b. Name of Spouse (if applicable)
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4. Alleged Violation of Income and/or Sales Tax Law Other (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"/> 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"/> Motor Vehicle
<input type="checkbox"/> Organized Crime	<input type="checkbox"/> Failure to Pay Tax	<input type="checkbox"/> Failure to File Return	<input type="checkbox"/> Other (describe in 5b below)

5a. Unreported Income and Tax Years (fill in tax year(s) and dollar amount(s), if known; e.g., TY2005 \$10,000)

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

b. Comments (Briefly describe the facts of the alleged violation – Who/What/Where/When/How. Attach additional sheet if needed.)

c. Are books/records available? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Do you consider the taxpayer dangerous? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain in section 5b above.)
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e. Banks, Financial Institutions used by the taxpayer:

Name:	Name:
Address:	Address:
City / State / ZIP:	City / State / ZIP:

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

6a. Your Name (optional):

b. Address:

c. City / State / ZIP:

d. Phone Number (include area code):

e. Best time to contact you if necessary:

MAIL COMPLETED FORM TO ADDRESS ABOVE