



REPORT OF TAX FRAUD INFORMATION

TFID USE ONLY		Report Taken By:		Date:	
Information About the Person You Are Reporting					
Name				SSN	
Resident Address					
City			State	Zip Code	
Email Address				Phone Number	
Date of Birth	Occupation		Marital Status	Name of Spouse	
Information About the Business You are Reporting					
Name of Business				Employer Tax ID #	
Business Owner's Name(s)				Type of Business	
Address				Web Site	
City			State	Zip Code	
Email Address			Phone Number	Fax Number	
Information Regarding the Alleged Violation					
Tax Year(s) Involved in Allegation					
Banks & Financial Institutions Used (if known)					
Type of Fraud					
Personal Income Tax (PIT)		Gross Receipts Tax (CRS)		Non-filer	
Illegal Income		Unreported Income		False Deductions	
Other					

Describe the specific facts of the alleged violation, for example, who, what, when, where and how you learned about and obtained the information in this report (attach additional information, if applicable).

Information About Yourself

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

Name

Resident Address

City

State

Zip Code

Email Address

Phone Number

Division Contact Information

For help and information regarding this form, please contact the Tax Fraud Investigations Division/Forensic Audit Bureau at 1-866-457-6789 or Email: tax.fraud@state.nm.us

This form may be submitted to: TFID-Forensic Audit Bureau
PO Box 8487
Albuquerque, NM 87198-8487

FAX: (505) 841-5581
Email: tax.fraud@state.nm.us