



REPORT OF TAX FRAUD INFORMATION



TFID USE ONLY	Report Taken By:	Date:
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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		
<input type="checkbox"/> Personal Income Tax (PIT)	<input type="checkbox"/> Gross Receipts Tax (GRT)	<input type="checkbox"/> Non-filer
<input type="checkbox"/> Illegal Income	<input type="checkbox"/> Unreported Income	<input type="checkbox"/> False Deductions
<input type="checkbox"/> Other		



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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@tax.nm.gov

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

FAX: (505) 841-2973
Email: tax.fraud@tax.nm.gov