



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					
<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					



REPORT OF TAX FRAUD INFORMATION



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
P.O. Box 14010
Albuquerque, NM 87191

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