



INFORMATION ITEM REPORT

Your submission is ANONYMOUS unless you provide your contact information. We do not receive your e-mail address. Items with an "*" must be completed.

*Suspect's Last Name: _____

Suspect's First Name: _____

*Suspect's Business/Company Name: _____

Suspect's Address (Line 1): _____

Suspect's Address (Line 2): _____

*Suspect's City: _____

*Suspect's State: _____

Suspect's Zip Code: _____

Suspect's Phone Number (include area code): _____

Suspect's Identification Number (i.e. Federal Employee Identification Number or Social Security Number): _____

*Suspect's Type of Business: _____

***What is the possible violation?**

- Under reporting
 - Not filing a tax return
 - Not paying taxes
 - Other (describe): _____
-

***What tax type(s) is the possible violation occurring in?**

- Sales and Use
- Business Tax
- Corporate Tax
- Individual (Hall) Income Tax
- Tobacco Tax
- Motor Fuel Taxes
- Other State Taxes: _____

When did the suspected violation occur? List known period/years involved. _____

*How is the suspected violation occurring? (Example: Not charging/not collecting/not paying Sales Tax)

*How do you know this? _____

Additional Information (List any other information that may be helpful in the investigation):

OPTIONAL CONTACT INFORMATION: Your submission is **ANONYMOUS** unless you provide your contact information. We do not receive your e-mail address.

Your Last Name: _____

Your First Name: _____

Your Address (Line 1): _____

Your Address (Line 2): _____

Your City: _____

Your State: _____

Your Zip Code: _____

Your Phone Number (include area code): _____

Your e-mail address: _____

Mail the completed form to:

Tennessee Department of Revenue
Special Investigations
P.O. Box 198466
Nashville, TN 37219