

**REPORT SUSPECTED VIOLATIONS**

**INSTRUCTIONS:**

Please send the completed form and a copy of supporting documents to: California Department of Tax and Fee Administration, Tax Investigations and Inspections Bureau, PO Box 942879, Sacramento, CA 95814-0042.

As an alternative to submitting a complaint by mail, you may go online and submit a complaint at [Report Suspected Violations](#).

**INFORMATION ABOUT THE PERSON OR BUSINESS YOU ARE REPORTING** (boxes marked with an asterisk [\*] are required fields)

FIRST NAME*	LAST NAME*	MIDDLE NAME	BUSINESS TELEPHONE NUMBER	CELLPHONE NUMBER
SUSPECT'S APPROXIMATE AGE	SPOUSE'S INFORMATION (if applicable, include information such as name, address, among others)			
CORPORATION, LIMITED LIABILITY CORPORATION (LLC), PARTNERSHIP NAME*		SECRETARY OF STATE NUMBER OR EMPLOYER IDENTIFICATION NUMBER (EIN) (if any)		
DOING BUSINESS AS (DBA) NAME*	BUSINESS ADDRESS* (if operating out of a home, list home address)	CITY*	STATE*	ZIP CODE*
MAILING ADDRESS (if different from above)		WEBSITE ADDRESS	EMAIL ADDRESS	

**COMPLAINT CATEGORIES** (check all that apply)

- |   |   |
|---|---|
| Alcohol Beverage Tax                          | Cigarette and Tobacco Products Licensing            |
| Cannabis Tax                                  | Tobacco Products Tax (cigars, hookahs, pipes, vape) |
| Cannabis Retailer Permit                      | Cigarette and Tobacco Products Flavor Ban           |
| Cigarette Tax (unstamped/out-of-state stamps) | Fuel Tax  |
| eCigarette Tax                                | Sales and Use Tax                                   |

**COMPLAINT SUMMARY** (who, what, when, where, and how)

Describe the offense and include dates. If additional space is needed, please continue to the back of this form.

Can you provide evidence to support your complaint?    Yes    No    If yes, describe the evidence.

**UNREPORTED TAX AMOUNT AND TAX YEAR (TY)**

Fill in the tax years and dollar amounts, if known (for example, TY 2010—\$10,000)

TY \_\_\_\_\_ \$ \_\_\_\_\_    TY \_\_\_\_\_ \$ \_\_\_\_\_    TY \_\_\_\_\_ \$ \_\_\_\_\_    TY \_\_\_\_\_ \$ \_\_\_\_\_    TY \_\_\_\_\_ \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

- a) Are business books/records available?    Yes    No    Unknown  
If available, send minimal copies now. We will contact you if additional copies are needed.
- b) Do you consider the suspect dangerous?    Yes    No    Unknown
- c) If you know the bank, financial institution, or accountant/bookkeeper used by the suspect, please complete below.

BANK, FINANCIAL INSTITUTION, OR ACCOUNTANT NAME			BANK, FINANCIAL INSTITUTION, OR ACCOUNTANT NAME		
BUSINESS ADDRESS			BUSINESS ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**YOUR INFORMATION**

**ANONYMOUS** You are encouraged to provide your contact information in case more details are needed to investigate your complaint. Complaints with insufficient information may not be processed.

FIRST NAME	LAST NAME	MIDDLE NAME	BUSINESS TELEPHONE NUMBER	CELLPHONE NUMBER
BUSINESS OR MAILING ADDRESS			CITY	STATE    ZIP CODE
EMAIL ADDRESS			DATE COMPLETED	

**WHAT IS YOUR RELATIONSHIP TO THE SUSPECT?** (check all that apply)

- Employee    Friend    Relative    Competitor    Customer    Accountant/Bookkeeper    Other \_\_\_\_\_

**(CONTINUED) COMPLAINT SUMMARY** (*who, what, when, where, and how*)

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