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.

	LAST NAME*		MIDDLE	IDDLE NAME BUSINESS		ELEPHONE NUMBER C		CELLPHONE NUMBER	
SUSPECT'S APPROXIMATE AGE	MATE AGE SPOUSE'S INFORMATION (if applicable, i			mation such as name, addr	ess, among others)				
CORPORATION, LIMITED LIABILITY CO	RPORATION (LLC), PA	ARTNERSHIP NA	AME* SECRETA	RY OF STATE NUMBER OF	R EMPLOYER IDENTI	FICATION NUMBER	R (EIN) (if	anv)	
DOING BUSINESS AS (DBA) NAME*	BUSIN	ESS ADDRESS*	t (if operating out of	a home, list home address)	CITY*		STATE*	ZIP CODE*	
MAILING ADDRESS (if different from abo	ove)		WEBSITE	ADDRESS	E	EMAIL ADDRESS		l	
COMPLAINT CATEGORI	ES (chock all th	annly							
	•	ιαι αρριγ)		O: "					
Alcohol Beverage Tax Cannabis Tax				Cigarette and Tobacco Products Licensing Tobacco Products Tax (cigars, hookahs, pipes, vape)					
Cannabis Retailer Permit					and Tobacco F	_			
Cannabis Retailer Permit Cigarette Tax (unstamped/out-of-state stamps)				Fuel Tax	10000001	Toddots Tidv	or Bai	•	
eCigarette Tax			,	Sales and	Use Tax				
COMPLAINT SUMMARY	(who what w	hen where	and how)						
Describe the offense and in	·		· · ·	dad places centin	uo to the book	of this form			
Can you provide evidence	to support you	r complain	t? Yes	No If yes, descri	be the eviden	ce.			
UNREPORTED TAX AMO	OUNT AND TA	X YEAR (T	Υ)						
		-	-	2010—\$10,000)					
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(CONTINUED) COMPLAINT SUMMARY (who, what, when, where, and how)								