



# New Jersey Department of the Treasury Office of Criminal Investigation

**Citizen Complaint Form** Provide as much detail as possible. Mail to address below.

Information About the Person You are Reporting		
Name of Individual:		
Date of Birth:	Social Security Number:	Phone:
Address:		
City:	State:	ZIP Code:
Occupation:		E-mail Address:
Marital Status:		Name of Spouse:
Information About the Business You are Reporting		
Name of Business:		Phone:
Employer Tax ID Number (FEIN):	Website:	
Address:		
City:	State:	ZIP Code:
Describe the Alleged Violation		
Tax Type Involved (check all that apply):		
<input type="checkbox"/> Sales & Use	<input type="checkbox"/> Withholding	<input type="checkbox"/> Income Tax
<input type="checkbox"/> Motor Fuels	<input type="checkbox"/> Other	<input type="checkbox"/> Alcoholic Beverage
<input type="checkbox"/> Corporation or Business Entity		
Alleged Violation of Tax Law (check all that apply):		
<input type="checkbox"/> Failure to remit tax	<input type="checkbox"/> Failure to withhold tax	<input type="checkbox"/> False exemptions
<input type="checkbox"/> False deductions	<input type="checkbox"/> Failure to file return	<input type="checkbox"/> False documents
<input type="checkbox"/> Earned Income Tax Credit	<input type="checkbox"/> Unsubstantiated income	<input type="checkbox"/> Unregistered
<input type="checkbox"/> Unreported sales	<input type="checkbox"/> Smuggling	<input type="checkbox"/> Other
Comments ( <i>Briefly describe the facts of the alleged violation, i.e., who, what, when, where, and how you learned about and obtained the information in this report. Attach another sheet if necessary:</i> )		
Information About Yourself		
Your Name:		
Address:		Phone:
City:	State:	ZIP Code:
Where to Send this Form		
New Jersey Department of the Treasury, Office of Criminal Investigation PO Box 284 Trenton, NJ 08695-0284		