



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		