



# New Jersey Tax Fraud Disclosure Form

Use this form to provide criminal tax fraud information about individuals, businesses, or tax professionals.

Mail a completed form and any supporting documents to:

NJ Division of Taxation, Regional Information Center-CATCH, PO Box 269 Trenton, NJ 08695-0269

**We cannot provide updates or information about a fraud investigation. We will only contact you if we require more information.**

Information About the Person You are Reporting			
Name of Individual		Date of Birth	Social Security Number
Mailing Address			
City	State	Zip Code	Occupation
Phone Number		Email Address	
Marital Status		Name of Spouse	
Information About the Business You are Reporting			
Name of Business		Employer Tax ID Number (FEIN)	
Mailing Address			
City	State	Zip Code	Occupation
Phone Number		Website Address	
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"/> Alcoholic Beverage
<input type="checkbox"/> Motor Fuels	<input type="checkbox"/> Other	<input type="checkbox"/> Cigarette/Tobacco Products	<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 (attach separate rider if necessary)			
Information About Yourself			
Your Name			
Mailing Address			
City	State	Zip Code	
Phone Number		Email Address	