



Criminal Investigation Information Referral

- Complete all entry spaces with the most current data available.
• Important! Write "N/A" (not applicable) or "Unk" (unknown) in spaces that do not apply.

Check a box to indicate the type of tax fraud you suspect:

Form with fields for Tax Type (Income, TPT (Sales), Other) and Tax Year (YY,YY,YY).

Subject of Referral section containing fields for First Name and Middle Initial, Last Name, SSN/TIN, Home Address, Apt. No, Daytime Phone No., City, Town, or Post Office, State, ZIP Code, Business Name, Business Address, Criminal History, and Other Involved (if known).

Evidence of Criminal Intent

What is the alleged fraud?

Is there a document to support the fraud?

- Yes. Please attach to this document or if you are emailing this, please attach it to the email.
No.

What is the approximate period of time in which this fraud occurred?
What is the estimated dollar amount of this fraud? \$ .00

Are there others that can corroborate this fraud?

- Yes. Please provide us with their name(s) and any contact information (address or phone numbers) available

Table with columns for Name, Address, and Phone Number for corroborating parties.

- No.

Please provide any additional information you may have:

Referral Information (OPTIONAL)	
Full Name	Daytime Phone No. (with area code)
How did you become aware of this activity?	

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***Please note: you will only be contacted if we require additional information. Whether a taxpayer will be or is subject to an investigation is confidential information. A.R.S. § 42-2001(1)(a)(vii). The Department may not disclose confidential information unless authorized by law. A.R.S. § 42-2002.***

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**To ensure proper investigation, be sure that you:**

- ✓ Complete and submit this form in its entirety.
- ✓ Attach any supporting documents.
- ✓ **Mail this form to:** Criminal Investigations • PO Box 29099 • Phoenix, AZ 85038, or
- ✓ **Email this form to:** [DorCriminalinv@azdor.gov](mailto:DorCriminalinv@azdor.gov)