Wisconsin Tax Information Referral Form

INFORMATION ON INDIVIDUAL	INFORMATION ON BUSINESS
Person's name	Business name
Street address	Street address
City / State / Zip	City / State / Zip
Social security number / Date of birth	Employer identification number
Occupation	What kind of business? (e.g., grocery store)
Marital status *(check one)* ☐ Married ☐ Single ☐ Head of household ☐ Divorced ☐ Separated Name of spouse, if applicable	

1. Type of tax violation *(check all that apply)*

   ☐ Income tax or withholding tax   ☐ Sales and use tax   ☐ Corporation franchise/income tax   ☐ Other

2a. Amount of unreported income and tax years *(fill in tax years and dollar amounts, if known; e.g., TY 2006, $20,000)*

TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	TAX YEAR	AMOUNT
	$		$		$		$

2b. Other type of tax violation, for example overstated expense, wrongly claimed dependent, ineligibility for certain credits, etc. Describe in comments below.

   Comments. Briefly describe who, what, where, when and how. *(Attach 2nd page if more space is needed.)*

3. Are books / records available?   ☐ Yes   ☐ No

4. Do you consider the taxpayer dangerous?   ☐ Yes   ☐ No   If yes, why?

5. Banks, financial institutions used by taxpayer:

Name	Name
Address	Address
City / State / Zip	City / State / Zip

6. Please describe how you learned and/or obtained the information in this report *(attach 2nd page if more space is needed):*

7. If we have additional questions, can we contact you?   ☐ Yes   ☐ No

8. Do you want to remain anonymous?   ☐ Yes   ☐ No

Your name	**Mail this form to:** Wisconsin Department of Revenue
Address	Audit Bureau, MS 5-144
City / State / Zip	PO Box 8906
	Madison WI 53708-8906
Telephone number *(include area code)*	**Fax:** 608-221-6637
Email Address	**Questions about this form:** Call 608-266-2772

2. Comments. Briefly describe who, what, where, when and how.

6. Please describe how you learned and/or obtained the information in this report: