
TAX COMPLAINT INTAKE FORM

Is this complaint regarding an; **Individual** **Business**

Suspect

First Name:

Last Name:

Date of Birth or approx age:

Phone Number:

SSN (if known):

Business

Name:

Location:

Gaming Permit # (if applicable):

Address:

Phone #:

Complaint

Your Information I wish to remain anonymous

First Name:

Last Name:

Phone Number:

Email address:

Additional Information:
