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	er	Date of birth	1	Employer identification	ation number			
Occupation				What kind of business? (e.g., grocery store)				
Marital status (check of Married Divorced Name of spouse, if ap	Single Separated							
1. Type of tax	violation (check all	that apply))					
Income	tax or withholding	tax	Sales and use	tax C	orporation franch	ise/income	tax	Other
2a. Amount of u	inreported income	and tax yea	ars (fill in tax ye	ars and dolla	r amounts, if know	vn; e.g., TY	2006, \$20	<i>),000)</i>
TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	TAX YEAR	AMO	UNT
	\$		\$		\$		\$	
3. Are books / 4. Do you cons	Briefly describe was records available? Sider the taxpayer on cial institutions us	dangerous?	Yes Yes	□ No	yes, why?			
Address				Address				
City		State	e Zip	City		Stat	e Zip	
7. If we have a	cribe how you learn additional questions t to remain anonyn	s, can we c		ormation in th	is report <i>(attach 2)</i> No No	nd page if mo	re space is	needed).
Your name				Moil this	form to: \\/incor	oin Donarta	ont of Do	
Address		Wall this	Mail this form to: Wisconsin Department of Revenue Audit Bureau, MS 5-77 PO Box 8906					
City State Zip			Zip			n WI 53708	3-8906	
Telephone number (iii	nclude area code)	I	I	Fax: 608	-221-6637			
Email Address				Question	Questions about this form: Call 608-266-2772			

P-626 (R. 1-22) Wisconsin Department of Revenue

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6	Plaasa dasariba l	how you learned and/or obtai	inad the information in this	roport.	
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