

**Form FRD-1**State Form 55213
(R4 / 7-25)Indiana Department of Revenue
Business Tax Compliance
Tax Fraud Referral

Please fill in the fields below as completely as possible.

Taxpayer Name

Business Name

Type of Business (e.g. restaurant, construction, retail, etc.)

Address

City

State

ZIP Code

Telephone Number

Email Address

Alleged Violation of Tax Law (Check All That Apply.) Note: Do not use this form to report identity fraud.☐

Failure to File/Pay

☐

False Deductions

☐

False ID Numbers

☐

Multiple Filings

☐

Failure to Withhold Tax

☐

False Exemptions

☐

Falsified Documents

☐

Unreported Income

☐

Operating Without a Valid Registered Retail Merchant Certificate

Other - Please Describe

Type of Tax Involved (Check All That Apply.)☐

Individual Income Tax

☐

Withholding Tax (W-2)

☐

Corporate Income Tax

☐

Sales/Use Tax

☐

Food and Beverage Tax (FAB)

☐

County Innkeepers Tax (CIT)

Other - Please Describe

Comments – Briefly describe the facts of the alleged violation and how you obtained the information.

Are Books/Records Available?

☐

Yes

☐

No

Do You Consider the Taxpayer Dangerous?

☐

Yes

☐

No

Do You Have Physical Evidence?

☐

Yes

☐

No

Attach any supporting documentation.

Banks, Financial Institutions, Credit Unions used by the Taxpayer (if known)

Name

Address

City

State

ZIP Code

May We Contact You?

☐

Yes

☐

No

If yes, complete the section below as we may need more information from you to proceed with an investigation.

Name

Address

City

State

ZIP Code

Telephone Number

Email Address

Please send referrals to:

Indiana Department of Revenue, Business Tax Compliance, 100 N Senate Ave., IGCN - Room 241, Indianapolis, IN 46204

Email: taxfraudreferral@dor.in.gov.

Thank you for submitting this information. However, please note that due to our confidentiality requirements, we are unable to share with you the status of any investigation that might occur as a result of the information provided.