



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
TAX FRAUD REPORT

Please provide all known information. Leave any unknown information blank.

STEP 1 INFORMATION ABOUT THE TAXPAYER YOU ARE REPORTING	TAXPAYER NAME		TAXPAYER IDENTIFICATION NUMBER	
	BUSINESS NAME or DBA			
	BUSINESS OWNER'S NAME(S)			
	STREET ADDRESS			
	TOWN/CITY		STATE	ZIP CODE
	PRINCIPAL ACTIVITY OF THE BUSINESS		PHONE NUMBER	
	STEP 2 INFORMATION ABOUT THE ALLEGED VIOLATION			
	TYPE OF TAX RELATED TO THE FRAUD BUSINESS TAXES <input type="checkbox"/> MEALS & RENTALS TAX <input type="checkbox"/> INTEREST & DIVIDENDS TAX <input type="checkbox"/> TOBACCO TAX <input type="checkbox"/> REAL ESTATE TRANSFER TAX <input type="checkbox"/> OTHER TAX <input type="checkbox"/> _____ BANKS AND FINANCIAL INSTITUTIONS USED (if known) _____ BRIEF DESCRIPTION OF THE FRAUD BEING REPORTED. EXPLAIN WHERE AND WHEN IT HAPPENED (please send any supporting documents). _____ PLEASE DESCRIBE HOW YOU LEARNED AND/OR OBTAINED THE INFORMATION IN THIS REPORT (attach additional sheets if needed). _____			
STEP 3 INFORMATION ABOUT YOURSELF (OPTIONAL)	NAME		EMAIL ADDRESS	
	STREET ADDRESS		PHONE NUMBER	
	TOWN/CITY		STATE	ZIP CODE
	DIVISION CONTACT INFORMATION This form may be submitted by: Fax: (603) 230-5949 Email: TaxFraudHotline@dra.nh.gov Mail: Department of Revenue Administration Audit Division Attn. Director of Audit PO BOX 1388 Concord, NH 03302-1388 Visit the Tax Fraud Hotline Page at: http://www.revenue.nh.gov/how-do-i/report-tax-fraud.htm For help and information regarding this form, please contact the Audit Division at (603) 230-5030 or email TaxFraudHotline@dra.nh.gov			