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 birt	th	Employer identifica	ation number			
Occupation				What kind of business? (e.g., grocery store)				
Marital status (check one	e)							
Married	Single	Hea	ad of household					
Divorced Name of spouse, if applic	Separated							
1. Type of tax vio	olation (check all	that apply	<i>'</i>)					
Income to	ax or withholding	tax	Sales and use	tax C	orporation franchis	se/income	tax Other	
2a. Amount of unr	reported income	and tax ye	ars (fill in tax ye	ars and dolla	r amounts, if know	n; e.g., TY	2006, \$20,000)	
TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	
\$			\$		\$		\$	
3. Are books / re		☐ Yes ? ☐ Yes	☐ No ☐ No If	yes, why?				
5. Banks, financi	al institutions us	ed by taxp	ayer:					
Name Address				Name				
				Address				
City		Stat	te Zip	City		State	e Zip	
6. Please descril	oe how you learr	ned and/or	obtained the inf	ormation in th	is report (attach 2n	d page if mo	re space is needed):	
7. If we have add	ditional questions	contact you?	Yes	No				
8. Do you want to	o remain anonym		Yes	No				
Your name				Mail this	form to: Wiscons			
Address				PO Box				
City		State	e Zip	Fav. 600		า WI 53708	3-8906	
Telephone number (inclu	ude area code)		\neg	-221-6637 s about this form	ı: Call 608-	-266-2772		

P-626 (R. 12-13) Wisconsin Department of Revenue

۷.	Comments. Br	neny describe who, what, where, v	vnen and now.		
6	Dlogge describ	e how you learned and/or obtained	d the information in this report		
0.	Flease describ	e now you learned and/or obtained		•	