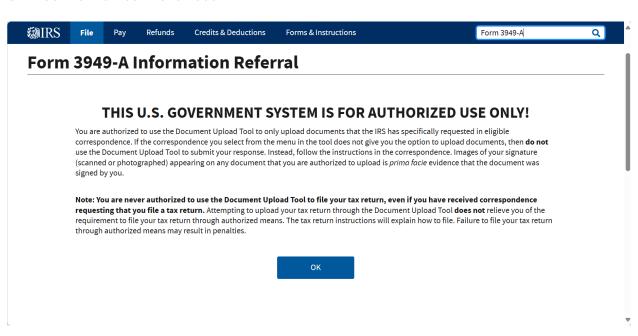
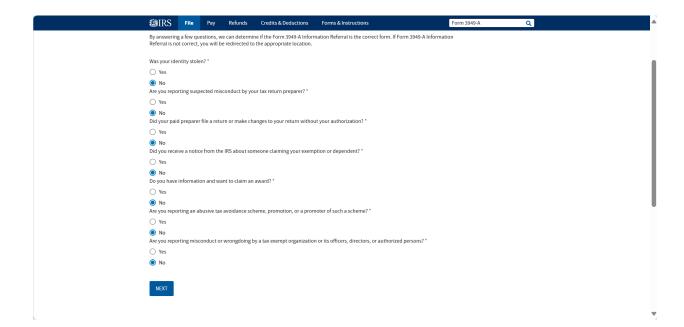
OMB Control Number: 1545-1960







You can report alleged tax law violations by individuals and/or businesses to the IRS through this Form 3949-A Information Referral online mation you provide is completely voluntary and confidential

Make sure to include specific information about who is being reported, the activity being reported, how the activity became known, when the alleged violation(s) took place, the amount of money involved and any other information that might be helpful in an investigation. If we can't identify the correct individual and/or business, we may not take any action on this referral.

Fill out a Form 3949-A Information Referral online

- Click the button below to fill out the Information Referral online and follow the on-screen prompts.
- By completing this process online, you won't need to fill out and submit a paper or .pdf version of this form since it has the same



Submitting both a paper referral and an online referral could delay the processing time for this report.

FILL OUT FORM ONLINE

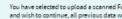
OR

Upload an existing Form 3949-A Information Referral

- . If you already completed a Form 3949-A Information Referral, save it as a .pdf, .jpg or .png file before uploading.
- Maximum number of files is 1 file.
- . The file size should be no more than 5MB.
- Once the file is successfully uploaded, confirm all information is correct with the "Confirm Input" button.
- . If the file type isn't recognized or the file size is too large, remove the file, then click the "Fill Out Form Online" button above instead.

NOTE: After your form is successfully uploaded, please be sure to confirm that all entered information is correct. Some fields may be missing or incomplete after the extraction process, so it's imperative that you review all fields before your final submission to reduce potential processing delays. If hand written:

- . Ensure that all information is written in a legible, printed format within all fields.
- Information must not overlap any form elements, such as other printed text, checkboxes, and lines.
- . Use dark ink colors when hand writing information to the form.



Important

You have selected to upload a scanned Form 3949-4 Information Referral. If you were in the process of using the online referral tool and wish to continue, all previous data will be overwritten.

SELECT A FILE TO UPLOAD

Total: 0 bytes

	2	3	4	5	
Individual	Business	Violation	Personal	Attachments	Summar

Please provide as much information as possible to help us identify the correct individual and/or business you are reporting. If we can't identify the correct individual and/or business, we may not take any action on this referral.

Are you reporting an individual? *		
Yes		
○ No		
1a. Name of individual *	b. Social Security Number or ITIN	c. Date of birth
	••••• <u>show</u>	
d. Street address	e. City *	f. State *
g. ZIP code	h. Occupation	i. Email address
j. Marital status (check one, if known)	k. Name of spouse	
Married		
Single		
Head of Household		
Divorced		
Separated		

NEXT





Please provide as much information as possible to help us identify the correct individual and/or business you are reporting. If we can't identify the correct individual and/or business, we may not take any action on this referral.

Are you reporting a business? *

O Yes

No

BACK NEXT



	Individual	Matinett.	Violation	Personal	ACL	chments	Summary	
Describe the Alleg	ed Violation of Ir	ncome Tax Law						
3. Alleged violation	of income tax law.	(Check all that ag	oply.) * 🛈					
☐ Public/Political	False Deduction False Fallure to	lse/Altered Docum	nents 🔲 Unrep	ported Income	Narco	tics Income [_	ume Credit
4. Tax Year and dolla	ar amount of unrep	oorted income if k	nown (e.g. 2020	- \$10,000)				
Tax Year/Dollar Amount	(2020 - \$10,000)	Tax Yea	r/Dollar Amount (20	120 - \$10,000)		Tax Year/Dolla	r Amount (2020 - \$10,000)	
Tax Year/Dollar Amount	(2020 - \$10,000)	Tax Yea	r/Dollar Amount (20	120 - \$10,000)		Tax Year/Dolla	r Amount (2020 - \$10,000)	
5. Comments (inriefly describe the facts of	f the alleged violation-to	ho/What/Where/When/	How you learned abou	t and obtained the infor	mation in	this report. Attach	another sheet, if needed.)	
								1.
6. Additional inform	ation							
Ga. Are book/records av if they are needed for ar Yes. No		io not send now. We	will contact you,	6b. Do you consider Yes No	r the taxp	seyer dangerou	a-	

6c. Banks, Financial Institutions used by the taxpayer

Name	Street address	City
State	ZIP code	
Enter another Bank or Financial Institution:		
Name	Street address	City
Name	Street address	City
Name State	Street address ZIP code	City







Please provide information about yourself. We never share this information with the person or business you are reporting. If you have more information or items that you were not able to add to this form, please provide information on how to contact you so we can obtain that additional information.

Would you like to remain anonymous? *



O No



Back to upload



Form 3949-A Information Referral



You may upload additional documents to support your submission.

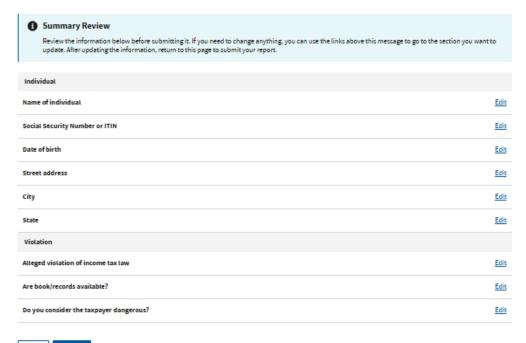
- File types allowed are .pdf, .jpg, .jpeg and .png.
- Maximum number of files is 30 files.
- Maximum file size for each file is 5MB.
- Maximum number of pages for each PDF is 200 pages.
- If the upload fails more than once, try re-scanning or taking a clearer photo of your documents.
- If you do not have any supporting documentation, please click Next.
- File names cannot contain special characters: !@\$%^&*+=[]{};': "\|,<>/?~











BACK SUBMIT