



NEVADA DEPT OF TAXATION TAX EVASION TIP

For Dept. Use Only: TID _____

Prev. Audit: Yes No Thru _____

Assigned to: _____

Business Information	<i>Please provide all the information you may have to assist in the investigation of this complaint.</i>	
Legal Business Name:	_____	
Contact Person:	_____	
Doing Business As:	_____	
Address:	_____	
City, State, Zip:	_____	
Business Phone No:	_____	Additional Phone No: _____
Business Website:	_____	
Permit No. (if known):	_____	
Nature of the business:	_____	

Evidence of Evasion	<i>Please provide details that you have of the evasion, use additional sheets if necessary.</i>	
Tax Type(s) being evaded:	<input type="checkbox"/> Sales/Use <input type="checkbox"/> Liquor <input type="checkbox"/> Tobacco <input type="checkbox"/> Vehicle <input type="checkbox"/> Tire <input type="checkbox"/> MBT <input type="checkbox"/> LET	
Is there supporting documentation? <i>If yes, please see instructions :</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there others who can corroborate the evasion? : <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide their name(s) and any contact information you have:	_____	
Vehicle/Lic. Plate # & State if known:	_____	
Estimated dollar amount:	_____	Time Frame: _____
Please describe the evasion and how it was discovered:	_____	

Your Information	<i>Optional, please see instructions.</i>	
Name:	_____	
Address:	_____	
City, State, Zip:	_____	
May we contact you? :	Yes	No
Contact Phone No.:	_____	

Submit this form electronically, or print and forward with any additional documentation to: Nevada Department of Taxation Investigations, 2550 Paseo Verde Pkwy, #180, Henderson NV 89074. E-mail with any attachments to investigations@tax.state.nv.us or click on the submit button below.

TAX EVASION TIP FORM INSTRUCTIONS:

The Department will make every effort to protect your identity from disclosure; however, we cannot guarantee confidentiality since disclosure may be required to those persons during the investigation whom need the information to do their job or in the course of corrective action, or where Nevada laws authorize disclosure.

Some members of the public, who have made reports (anonymous, confidential or otherwise) on occasion, seek information on the outcome of the case. Disclosure of such information must be refused as the information collected concerning the administration or collection of any tax, fee, assessment, or other amount required by law is deemed confidential and privileged pursuant to NRS 360.255.

If you still wish to submit this form anonymously you will have to print it and send it via conventional mail. Please provide as much information and documentation as possible, as we will not have any way to contact you.

Legal Business Name:	The corporate name and/or legal name with the Secretary of State under which tax returns are filed. It can also be the name of an individual as a sole proprietor.	
Contact Person:	The owners name, bookkeeper, accountant or on-site manager.	
Doing Business As (DBA):	The trade name of the business, the name on the storefront, or the fictitious firm name registered with the county in which the business resides.	
Address, City, State, Zip	The full address from which the business operates. It can be a residence or the location of operations.	
Phone numbers:	Any business, owner phone or mobile phone numbers related to this business.	
Website address:	If you know the website URL address, please provide, it is helpful to the investigation.	
Permit No. (if known)	The Nevada TID of the business or the IRS EIN tax reporting numbers.	
Tax Type Being Evaded:	Sales Tax Permit	Every retailer that sells tangible personal property for storage or use or consumption in Nevada shall register for a permit and collect applicable sales tax and maintain adequate records. NRS 372.220 , NRS 372.735 , 740
	Use Tax Permit	Use Tax is the counterpart of Sales Tax. It is imposed on tangible personal property used in Nevada on which Sales Tax has not been paid. Any individual, business, corporation, or other entity can be liable for Use Tax when Sales Tax was not collected by the seller. NRS 372.185 .
	Liquor License	A State license is required for any business that is a wholesaler, supplier, or manufacturer engaged in the re-sale of alcoholic beverages. NRS 369.180 , NRS 369.040 . Employees selling alcohol at retail establishments must have an alcohol awareness card. NRS 369.630
	Tobacco Permits	A State Tobacco Retail Dealers License is required for all business that conducts sales of cigarettes, cigars, or other tobacco products. State Tobacco Wholesale Dealers Licenses(s) are required of all manufacturers and wholesalers of cigarettes or other tobacco products. NRS 370.080 , NRS 370.445 .
	Vehicle	New Nevada residents must obtain vehicle registration within 30 days. NRS 482.103 , NRS 483.141 .
	MBT	Modified Business Tax is a quarterly payroll tax that is based on gross W-2 wages. NRS 363A & B
	LET	A tax is imposed on live entertainment in a non-gaming facility with a maximum occupancy of 200 or more and less than 7,500. Entities with gaming are regulated by the NGB. NRS 368A.110 , NRS 368A.090 .
Supporting documentation:	Documentation to support the tax evasion allegations to be investigated. Attach them to this form when you email it, send by fax or conventional mail.	
Others who can corroborate:	Contact information of anyone who may have direct knowledge of the evasion and are willing to speak to an audit investigator in this matter.	
Vehicle/Lic. Plate #	The license plate number for the offender, please list it along with the state of origin.	
Estimated Dollar Amount & Time Frame	Estimate of the amount of money you believe to be involved in this evasion, and the dates in which the evasion occurred.	
Describe the Evasion	The details of the tax evasion. If necessary please attach additional sheets and any accompanying documentation you may have.	