



Date Filing Complaint

**COOK COUNTY DEPARTMENT OF REVENUE
INVESTIGATION/AUDIT REFERRAL FORM**

IDENTIFY OWNER/OFFICER/OPERATOR			IDENTIFY BUSINESS		
Name			Business Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Individual Contact Number	Date of Birth		Business Contact Number	Municipal License #	
Title	Driver License / State ID #		What kind of business? (e.g. grocery store)		

1.) Tax Type (check all applicable)

- Alcoholic Beverages
 Amusement
 Gas
 Diesel
 Parking Garage
 Sales of New Motor Vehicle
 Tobacco
 Use
 Wheel
 General Business License (unincorporated)
 Other

2.) Type of violation/complaint (check all applicable)

- Not remitting tax
 Collecting but NOT remitting tax
 Under-reporting Tax
 Other

Briefly describe the incident or circumstances that support your belief that the above violation(s) have or are occurring. (Attach additional sheets if necessary):

3.) Illegal Cigarette Sales (check all applicable)

- Unstamped Packs of Cigarettes
 Loose (individual) Cigarettes
 Counterfeit Cigarettes
 Counterfeit Cigarette Stamps

Briefly describe the incident or circumstances that support your belief that the above violation(s) have or are occurring. (Attach additional sheets if necessary):

4.) Was the business owner/officer/operator hostile or irate at the time of visit? Yes No

If yes, briefly describe below?

Name

Street Address City/State Zip

City/Township Name (If applicable)

Department/Agency Name (If applicable)

Contact No. and/or Department/Agency No. (If applicable)

<p>Mail this form to: Cook County Department of Revenue 118 N. Clark Street, Room 1160 Chicago, IL 60602</p> <p>Fax: (312) 603-5729</p> <p>Questions about this form: Call (312) 603-6962</p> <p>Visit us online at: www.cookcountyil.gov/revenue</p>
