COLORADO DEPARTMENT OF REVENUE
CRIMINAL INVESTIGATION SECTION
CITIZEN INFORMANT REPORT

DATE:_____ FILE #_____

SUBJECT:_____ dba/aka:_____

PHONE NO: (H) _____ SSN: _____ DOB: _____

PHONE NO: (W) _____ FEIN: _____ Colo #: _____

ADDRESS: _____

TYPE OF TAX LIABILITY: _____

NATURE OF THE PROBLEM: _____

INFORMANT: _____ PHONE NO (W): _____

ADDRESS: _____ (H): _____

Informant wants to remain anonymous: ☐ Yes ☐ No