

Tax-Exempt Organization Complaint (Referral) Form

1. NAME OF REFERRED ORGANIZATION: _____

Street Address: _____

City/State/Zip Code: _____

Date of Referral: _____

2. ORGANIZATION'S EMPLOYER IDENTIFICATION NUMBER (EIN): _____

3. NATURE OF VIOLATION:

- Directors/officers/persons are using income/assets for personal gain
- Organization is engaged in commercial, for-profit business activities
- Income/assets are being used to support illegal or terrorist activities
- Organization is involved in a political campaign
- Organization is engaged in excessive lobbying activities
- Organization refused to disclose or provide a copy of Form 990
- Organization failed to report employment, income, or excise tax liability properly
- Organization failed to file required federal tax returns and forms
- Organization engaged in deceptive or improper fundraising practices
- Other (describe): _____

4. DETAILS OF VIOLATION:

Name(s) of Person(s) Involved: _____

Organizational Title(s): _____

Date(s): _____

Dollar Amount(s) (if known): _____

Description of activities: _____

5. SUBMITTER INFORMATION:

Name: _____

Occupation or Business: _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____

I am concerned that I might face retaliation or retribution if my identity is disclosed.

6. SUBMISSION AND DOCUMENTATION: The completed form, along with any supporting documentation, may be mailed to IRS EO Classification, Mail Code 4910DAL, 1100 Commerce Street Dallas, TX 75242-1198, faxed to 214-413-5415 or emailed to eoclass@irs.gov.