



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
TAX VIOLATION COMPLAINT

CID-27
(Rev. 2/17/23)
9031

1. Taxpayer Name:	2. Business Name:
a. Street Address:	a. Street Address:
b. City/State/Zip:	b. City/State/Zip:
c. Social Security Number (SSN) Last 4 digits:	c. Employer Identification Number (FEIN):
d. Occupation:	d. Principal Business Activity:
e. Date of Birth:	
3. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Head of Household	
4. Type of Fraud (Mark all that Apply): <input type="checkbox"/> Individual Income <input type="checkbox"/> Withholding <input type="checkbox"/> Corporate Income <input type="checkbox"/> Other <input type="checkbox"/> Sales & Use Tax	

5. Brief description of the fraud being reported (Please forward copies of any supporting documents.)

6. Please describe how you learned and/or obtained the information in this report. (Attach another sheet, if needed.)