

CAB-01 (A)
09/20

TAXATION AND REVENUE DEPARTMENT - PROPERTY TAX DIVISION
TAXPAYER INFORMATION UPDATE



This form should be completed yearly. If any, check box to indicate a change.

PLEASE TYPE OR PRINT.

1. Firm Name <input type="checkbox"/>	
2. CAB ID Number _____ - _____	
3. Person to Contact <input type="checkbox"/>	4. Telephone Number <input type="checkbox"/>
5. Email Address: <input type="checkbox"/>	6. Fax Number <input type="checkbox"/>
7. Principle Business Location Address (Street / City / State / Zip Code) (No P.O. Box) <input type="checkbox"/>	
8. Owner's Name, Address (if Corporation, list three principle officers and addresses) <input type="checkbox"/>	
9. County where principal office in New Mexico is located:	
10. Mailing Address, if different from Business Location (Street / City / State / Zip Code) <input type="checkbox"/>	
11. Location where records are maintained, if different from Business Location (Street / City / State / Zip Code)	

I hereby affirm that the information reported in this form and any attached supplement is true and correct.
This application is to be signed by the owner of the property, a partner or an officer or authorized agent.

PRINT NAME

TITLE

SIGNATURE

DATE

Email this form and all attachments to:
NMTRD.SAPB@state.nm.us

SAPB USE ONLY	
Date Received:	_____
Date Updated:	_____
Date Assigned:	_____
Assigned To:	_____