

New Mexico PTD SAEF Portal Registration

*This form is for the registration with the Property Tax Division, State Assessed Property Bureau for the purposes of issuing access credentials for the State Assessed E-File Portal (SAEF). This form must be completed, printed, signed, and then either scanned and then sent to either **support@axiomnh.com** or **NMTRD.SAPB@state.nm.us***

Business Information

Business Name

CAB ID

Industry

Ownership	Public	Number of Owners (if Private)	
	Private		
Structure	C-Corp	Regulated	Yes
	S-Corp	Company:	No
	Partnership		

Primary Contact Information

Please enter the contact information for the primary contact for your organization for tax-related matters. This person should be a company officer and/or have signing authority.

The person entered here will be issued an administrative-level account capable of submitting information and managing other users for the organization within the portal.

First Name

Last Name

Position

E-mail

Phone

Address

Address Line 2

City

State

Zip

Additional User Accounts

Please enter the contact information for additional business users that you want to have access to the portal. If the user is a third-party please select the check-box acknowledging that they have the right to file on behalf of your company. Additional users can be assigned one of two levels, Level 1 users can enter information into the rendition, and Level 2 users can enter information into renditions and submit the data to PTD. Please indicate the level of access for each party below.

If you require more than four additional users, you may submit multiple copies of this page of the form.

First Name

Last Name

E-mail

Assigned User
Level

Level 1
Level 2

Third-party user who may access
the portal on behalf of the
organization

First Name

Last Name

E-mail

Assigned User
Level

Level 1
Level 2

Third-party user who may access
the portal on behalf of the
organization

First Name

Last Name

E-mail

Assigned User
Level

Level 1
Level 2

Third-party user who may access
the portal on behalf of the
organization

First Name

Last Name

E-mail

Assigned User
Level

Level 1
Level 2

Third-party user who may access
the portal on behalf of the
organization

Terms and Conditions

Following the submission of this form credentials will be issued to all requested users. For more information about creating an account please visit <https://support.axiomnh.com/a/solutions/articles/25000026689>

By signing and submitting this form, I acknowledge the following:

1. All of the individuals listed will be authorized as indicated to file electronically on behalf of the taxpayer listed above and that revocation of this access must be done in writing to the Department.
2. The individuals listed above have the authority to receive Federal and State confidential information on behalf of the listed organization tax matters related to this form per NMSA 1978, §7-1-8 and 26 U.S.C. § 6103.
3. As preparer, I am authorizing the New Mexico Taxation and Revenue Department Secretary or Secretary's delegate, to use facsimile, e-mail, or both. I understand that contact information above will be used when providing confidential information.

Printed Name

Signature

Date