Go Paperless!

File the Form CRS-1 online through the Department's web site:

https://tap.state.nm.us

A Municipality / County B Spec	al C Location Code	D Gross Recei (Excluding T	pts E Do	Total Peductions	F	Taxable Gross Receipts	G Tax Rate	н	Gross Receipts Tax
TOTAL COLUMNS D, E a	d H.	<u> </u>		1	1	TOTAL GROSS RE	CEIDTS TAY		
*See instructions for colur Payment made by:		<u> </u>	ate		<u>'</u> 2	COMPENSATING			
	Wire Transfer		ate	⊢	3	WITHHOLDING TA			
Check if applicable: 🛭 A	mended Re	port		F	4	TOTAL TAX DI			
TAX PERIOD	l thr	ough			5	PENALTY	<u> </u>		
Month Day	Year	Month	Day Y		6	INTEREST			
Print	NM CRS		Phone	-	7	TOTAL AMOU	NT DUE		
I declare that I have examined is true, correct and complete.	his return inclu			dules and state					-
declare that I have examined s true, correct and complete.	his return inclu	Tit	anying sched	dules and state		E-m			ledge and belief, i
declare that I have examined s true, correct and complete. Signature of taxpayer or agent	his return inclu	Tit	anying sched	dules and state Date		E-m	ail address	s	ledge and belief, i
declare that I have examined s true, correct and complete. Signature of taxpayer or agent A Municipality / County R Spec Cod TOTAL COLUMNS D, E a *See instructions for columns of the structions of the struct	al C Location Code	D Gross Recei (Excluding T	anying sched	Date Total Deductions	F 1	E-m	ail address G Tax Rate	H	ledge and belief, i
declare that I have examined is true, correct and complete. Signature of taxpayer or agent A Municipality / County Rame TOTAL COLUMNS D, Earls See instructions for columnate by: Autom	al C Location Code The distribution of H. In B. Ited Clearinghouse	D Gross Recei (Excluding T	anying sched	Date Total Deductions	F 1	E-m Taxable Gross Receipts	G Tax Rate	H	ledge and belief, i
declare that I have examined is true, correct and complete. Signature of taxpayer or agent A Municipality / County Name TOTAL COLUMNS D, Earls See instructions for columns and the columns of the col	al C Location Code The code Code The code Code Code Code Code Code Code Code C	D Gross Recei (Excluding T	anying sched	Date Total Deductions 1	F 1	Taxable Gross Receipts	G Tax Rate	H	ledge and belief, i
declare that I have examined s true, correct and complete. Signature of taxpayer or agent A Municipality / County B Spec Cod TOTAL COLUMNS D, Ea *See instructions for columns are instructions for columns are instructions. Federal Check if applicable:	al C Location Code The code Code The code Code Code Code Code Code Code Code C	D Gross Recei (Excluding T	anying sched	Total Deductions 1	F	Taxable Gross Receipts TOTAL GROSS REC	G Tax Rate	H	ledge and belief, i
declare that I have examined is true, correct and complete. Signature of taxpayer or agent A Municipality / County Rame TOTAL COLUMNS D, Earls See instructions for columns and the columns of the col	al C Location Code The Code Code Mand H. Mand B. Mand B. Mand Code Mire Transfer Amended Re	Tit D Gross Recei (Excluding T) \$ use Deposit D Deport rough	anying sched	Date Total Deductions	1 2 3 4 5 5	TOTAL GROSS RECOMPENSATING WITHHOLDING TATOTAL TAX DUPENALTY	G Tax Rate	H	ledge and belief, i
TOTAL COLUMNS D, E a *See instructions for colu Payment made by: Autom	al C Location Code The Code Code Mand H. Mand B. Mand B. Mand Code Mire Transfer Amended Re	Tit Gross Recei (Excluding T \$ use Deposit D Deport	anying sched	Date Total Deductions	1 2 3 4 5 6	Taxable Gross Receipts TOTAL GROSS REC COMPENSATING WITHHOLDING TA	G Tax Rate	H	ledge and belief, i

Signature of taxpayer or agent ______ Title _____ Date _____ E-mail address ____

Form are available for download at our website: www.tax.newmexico.gov.

- ◆ You will receive more Form CRS-1 in the CRS-1 Filer's Kit that is mailed every June and December.
- File your Form(s) CRS-1 in accordance with your filing status:
 i.e., monthly, quarterly, semi-annually. If you do not know your filing status, please contact your local district office.
- ◆ To e-file, visit the TRD web page at https://tap.state.nm.us.

You can register for online filing by clicking the "sign up now" link.

Remember to sign, date, and enter your e-mail address on the form before mailing it to:

NM Taxation and Revenue Department P.O. Box 25128 Santa Fe, NM 87504-5128

 Make check payable to New Mexico Taxation and Revenue Department. Remember to include your CRS number on your check

Penalty will be assessed for nonpayment of timely reports.

Do not make address changes on Form CRS-1

	Use Form ACD-31075, Business Tax Registration Update	to	update any change	es to your business.
NAME			NEW MEXICO	
			CRS ID NO.	

TAXPAYER'S COPY

Keep top portion as a copy for your records.

Tear at perforation and <u>return bottom portion only</u> to:

NM Taxation and Revenue Department P.O. Box 25128, Santa Fe. New Mexico 87504-5128

DUE DATE: 25 [™] OF THE MONTH FOLL	OWING THE TAX PERIOD END DATE
COMBINED REPORT - FORM CRS-1	
NAME	NEW MEXICO CRS ID NO.
STREET / BOX	Please complete if not preprinted
CITY, STATE, ZIP	
Please complete if not preprinted Mail to: NM Taxation and Revenue Departmen	nt, P.O. Box 25128, Santa Fe, NM 87504-5128
DEPARTMENT USE LATE FILE DEPARTMENT USE ONLY	DEPARTMENT USE ONLY Do not write in this area