

Go Paperless!

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

<https://tap.state.nm.us>

A Municipality / County Name	B Special Code*	C Location Code	D Gross Receipts (Excluding Tax)	E Total Deductions	F Taxable Gross Receipts	G Tax Rate	H Gross Receipts Tax												
TOTAL COLUMNS D, E and H. *See instructions for column B.			\$	\$	1 TOTAL GROSS RECEIPTS TAX														
Payment made by: <input type="checkbox"/> Automated Clearinghouse Deposit Date _____					2 COMPENSATING TAX														
<input type="checkbox"/> Federal Wire Transfer Date _____					3 WITHHOLDING TAX														
Check if applicable: <input type="checkbox"/> Amended Report					4 TOTAL TAX DUE														
TAX PERIOD <table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align: middle;"><tr><td style="width:33%; text-align:center;"> </td><td style="width:33%; text-align:center;"> </td><td style="width:33%; text-align:center;"> </td></tr><tr><td style="font-size:8px; text-align:center;">Month</td><td style="font-size:8px; text-align:center;">Day</td><td style="font-size:8px; text-align:center;">Year</td></tr></table> through <table style="display:inline-table; border:1px solid black; width:100px; height:20px; vertical-align: middle;"><tr><td style="width:33%; text-align:center;"> </td><td style="width:33%; text-align:center;"> </td><td style="width:33%; text-align:center;"> </td></tr><tr><td style="font-size:8px; text-align:center;">Month</td><td style="font-size:8px; text-align:center;">Day</td><td style="font-size:8px; text-align:center;">Year</td></tr></table>								Month	Day	Year				Month	Day	Year	5 PENALTY		
Month	Day	Year																	
Month	Day	Year																	
Print Name _____ NM CRS ID No. _____ Phone No. _____					6 INTEREST														
					7 TOTAL AMOUNT DUE														

Rev. 01/2019

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

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

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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 changes to your business.

NAME	NEW MEXICO CRS ID NO. →
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TAXPAYER'S COPY

Keep top portion as a copy for your records.

Tear at perforation and return bottom portion only to:

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

DUE DATE: 25TH OF THE MONTH FOLLOWING THE TAX PERIOD END DATE

COMBINED REPORT - FORM CRS-1

NAME STREET / BOX CITY, STATE, ZIP	NEW MEXICO CRS ID NO. →
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Please complete if not preprinted

Please complete if not preprinted

Mail to: NM Taxation and Revenue Department, 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
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