ACD	- 31015
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STATE OF NEW MEXICO – TAXATION AND REVENUE DEPARTMENT **APPLICATION FOR BUSINESS TAX IDENTIFICATION NUMBER** PLEASE TYPE OR PRINT IN BLACK INK – Please read instructions on reverse

FLEASE ITTE OK FKINT IN BLACK INK – Flease read instructions on reverse						
NM TRD ID# 0	00	DATE ISSUED	□ NTTC ONLY □ FLAG N			
1. BUSINESS NAME						
I. BUSINESS NAME						
2. DBA						
		7. Type of Ownership (check one)				
3. Federal ID No.		 Corporation Estate 	Non Profit Organization Exempt 501 (c)			
4. Telephone- Business ()		Government Partnership				
5. Other () Fax ()						
, <i>í</i>		Limited Liability Company (LL				
6. Business E-mail Address						
8. Mailing Address		City	State Zip Code			
9. Principal Business Location		City	State Zip Code			
10. Date business activity started or is a	anticipated to start in New Me	xico 11. Date business	will close (only if you check "Temporary" in box 12)			
Month Day	Year	Month	Day Year			
12. Select CRS Filing status:	nthly D Temporary		13. Will business pay wages to employees in New Mexico?			
🗖 Qua	rterly 🗖 Seasonal					
🗖 Sem	iannual If seasonal, indi	icate month(s) in which you will file:	Yes No			
14. List Owners, Partners, Corporate C	Attach	, or Shareholders. If listing a business additional pages if necessary.)	other than an individual, please see instructions.			
SSN		SSN				
Name & Title Name & Title						
Home Address Home Address						
Dhare						
Phone Phone						
E-Mail		E-Mail				
15. Method of accounting	16. Liquor License Type and I	No. 17 . Public Regulatory Comm	nission No. 18. Contractor's License No.			
Cash Cash Cacrual						
19. Will business sell Gasoline? 20. Will business sell Special Fuels?	□ Yes □ No □ Yes □ No		in Severing Natural Resources?			
21. Will business sell Cigarettes?	🛛 Yes 🗖 No	25. Will business be a Wa	ater Producer? 🛛 🖬 Yes 🗖 No			
22. Will business sell Tobacco Products		26. Will business be invo , except Gaming Activities, please complete a Spec	Ived in Gaming Activities?			
27. If applicable, provide former owner	r's	28. Are you operating any	other business (es) in New Mexico? Yes No			
NM TRD ID No Business Name		Business Name	0			
			30. Give a brief description of nature of			
29. Primary type of business in NM (Cl			business			
 Accommodation, Food Services, and I Administrative and Support Services a 		Professional, Scientific and Technical Services				
Remediation Services	e	Real Estate and Leasing of				
 Agriculture, Forestry, Fishing and Hur Arts, Entertainment and Recreation Mathematical Action Action 		Real Property				
Construction		□ Rental and Leasing of Tangible				
Educational Services Personal Property Finance and Insurance Retail Trade						
Government Transportation and						
□ Health Care and Social Assistance Warehousing □ Information □ Utilities						
Manufacturing		□ Wholesale Trade				
 Mining and Oil and Gas Extraction 31. I declare that the information reported of 	on this form and any attached sum	Other Services Dement(s) is true and correct.	1			
Print Name		7	Title Date			
Signature						

This business tax registration application is for the following tax programs: Gross Receipts, Compensating, Withholding, Gasoline, Special Fuels, Cigarette, Tobacco Products, Severance, Resource, and Gaming Taxes. Registration is required by New Mexico Statutes, Section 7-1-12 NMSA 1978. An additional Special Registration Form may be necessary for special tax programs (see no. 19 - 26 below). Supplemental information and general instructions on reporting will be provided to you. A registration certificate will be mailed. All attachments must contain the business name. Should you need assistance completing this application, please contact the department at one of the offices listed below.

PLEASE COMPLETE THE APPLICATION IN FULL. MARK QUESTIONS WHICH DO NOT APPLY WITH N/A (NOT APPLICABLE). Do not use this form to make updates to an existing application for registration. For updates use the Registration Update (Form ACD -31075).

- 1. Enter business name of the entity. If business name is an individual's name, enter first name, middle initial, and last name.
- 2. If entity operates under a different name than the business name, list the name the business is "doing business as" (DBA).
- 3. Enter Federal ID No. (FEIN).
- 4. Enter the business telephone number.
- 5. Enter any other contact number for the business (mobile, pager, message, etc.) and enter fax number.
- 6. Enter business e-mail address.
- 7. Check the type of ownership for the business you are registering (choose only one).
- 8. Enter the address at which the business will receive mail from the department (registration certificate, CRS Filer's Kits, etc.).
- 9. Specify the physical location address of the business. (Not a PO box). If you have multiple locations, please attach an additional sheet.
- 10. Enter the date you initially derived receipts from performing services, selling property in New Mexico or leasing property employed in New Mexico; or the date you anticipate deriving such receipts; or the period in which the taxable event occurs. Enter month, day and year.
- 11. Enter the date business will close if you check TEMPORARY on filing status in box 12.
- 12. Filing status: Please select the appropriate filing status for reporting, submitting and paying the business's combined gross receipts, compensating and withholding taxes.

a) Monthly - due by the 25th of the following month if combined taxes due average more than \$200 per month, or if you wish to file monthly regardless of the amount due.

b) Quarterly – due by the 25^{th} of the month following the end of the quarter if combined taxes due for the quarter are less than \$600 or an average of less than \$200 per month in the quarter. Quarters are January - March; April - June; July - September; October - December.

c) Semiannually - due by the 25th of the month following the end of the 6-month period if combined taxes due are less than \$1,200 for the semiannual period or an average less than \$200 per month for the 6-month period. Semiannual periods are January - June; July – December.

- d) Seasonal- indicate month(s) for which you will be filing.
- e) Temporary enter close date on # 11.
- 13. Indicate whether or not you will pay wages to employees in New Mexico.
- 14. Enter the Social Security #, Name and Title, Address, Phone #, and Email address for all Owners, Partners, Corporate Officers, Association Members, or Shareholders. If listing an entity that is not an individual, list its Federal ID #.
- 15. Check the method of accounting used by the business.
 a) Cash report all cash and other consideration received but exclude any sales on account (charge sales) until payment is received.
 b) Accrual report all sales transactions, including cash sales and sales on account (charge sales) but exclude cash received on payment of accounts receivable.
- 16. If applicable, provide your Liquor License Type and Number assigned by the Alcohol and Gaming Division
- 17. If applicable, provide your Public Regulatory Commission Number. They may be contacted at www.mmprc.state.nm.us or by phone at (505) 827-4500.
- 18. If applicable, provide your Contractor's License Number assigned by the Construction Industries Division.
- 19→ 26. Answer the questions pertaining to special tax registration. NOTE: If you answered "Yes" to any of these, except Gaming Activities, please complete a Special Tax Registration form, which may be obtained at the offices listed below or at **www.state.nm.us/tax**
- 27. If this is not a new business, enter the former owner's New Mexico Taxation and Revenue Department CRS ID# (NM TRD ID#) and business name. You may want to complete a Tax Clearance Request (TC-1).
- 28. Specify whether you are operating or have operated any other businesses in New Mexico. If applicable, enter NM TRD ID# and business name.
- 29. Select the primary type(s) of business in which you will engage. You may select more than one if necessary. If you are unsure in which category you should be classified, please contact one of the offices listed below.
- 30. Briefly describe the nature of the type(s) of business in which you will be engaging.

Fax (505) 599-9703

31. The application should be signed by an Owner, Partner, Corporate Officer, Association Member, Shareholder, or authorized representative.

IMPORTANT: ALL INCOMPLETE APPLICATIONS WILL RECEIVE A NOTICE OF INCOMPLETE REGISTRATION INFORMATION. INCOMPLETE APPLICATIONS COULD RESULT IN THE DENIAL OF AN APPLICATION FOR NON-TAXABLE CERTIFICATES (NTTC'S). Return the application to one of the offices listed below.

Manuel Lujan Sr. Building5301 Central NE1200 South St Francis DrPO Box 8485PO Box 5374Albuquerque, NMSanta Fe, NM 87502-5374(505) 841-6200(505) 827-0951Fax (505) 841-6324Fax (505) 827-9876Taxation and Rever3501 E. Main StreeP.O. Box 479Farmington, NM 8Farmington, NM 8	PO Box 8485 Albuquerque, NM 87198-8485	Taxation and Revenue Department 2540 El Paseo, Bldg. #2 PO Box 607 Las Cruces, NM 88004-0607 (505) 524-6225 Fax (505) 524-6224	Taxation and Revenue Department 400 N Pennsylvania Ave Suite 200 PO Box 1557 Roswell, NM 88202-1557 (505) 624-6065 Fax (505) 624-6070
	Taxation and Revenue Department 3501 E. Main Street P.O. Box 479 Farmington, NM 87499-0479 Phone (505) 325-5049	 * Alamogordo (505) 437-2322 * Silver City (505) 388-4403 * Above calls transfer to the Las Cruces Office 	* Carlsbad (505) 885-5616 * Clovis (505) 763-5515 * Hobbs (505) 393-0163 * Above calls transfer to the Roswell Office