

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



For Office Use Only

<b>NM TRD ID# 0</b> _____ - _____ <b>-00-</b> _____	<b>DATE ISSUED</b>	FORM(S) SENT ELECTRONICALLY <input type="checkbox"/> YES <input type="checkbox"/> NO
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1. BUSINESS NAME \_\_\_\_\_

2. DBA \_\_\_\_\_

3. Federal ID No. _____ <small>Required except for individual/Proprietorship/Sole Owner</small>	7. Type of Ownership (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Non Profit Organization Exempt 501 (c) _____ <input type="checkbox"/> Estate <input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Government <input type="checkbox"/> S Corporation <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Trust <input type="checkbox"/> Individual / Proprietorship / Sole Owner <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Single Member (LLC)
4. Telephone - Business ( _____ )	
5. Other ( _____ )	

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 anticipated to start in New Mexico

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

11. Date business will close (only if you check "Temporary" in Box 12)

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

12. Select CRS Filing status  
 Monthly  Quarterly  Semiannual  
 Temporary  Seasonal\*  
\*If Seasonal, indicate month(s) in which you will file:

13. A. Will business pay wages to employees in New Mexico?  Yes  No  
 13. B. Will business be required to obtain Worker's Compensation Insurance within 12 months  Yes  No  
 Effective date \_\_\_\_\_

14. List Owners, Partners, Corporate Officers, Association Members or Shareholders. If listing a business other than an individual, please see instructions on back of yellow page. (Attach additional pages if necessary.)

SSN / ITIN / FEIN (required) _____	SSN / ITIN / FEIN (required) _____
Name & Title _____	Name & Title _____
Home Address _____	Home Address _____
Phone _____	Phone _____
E-mail _____	E-mail _____

15. Method of accounting  Cash  Accrual

16. Liquor License Type and Number \_\_\_\_\_

17. Secretary of State Business ID Number \_\_\_\_\_

18. Contractor's License Number \_\_\_\_\_

19. Will business sell Gasoline? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Will business engage in Severing Natural Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Will business sell Special Fuels? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Will business engage in Processing Natural Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Will business sell Cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No	25. Will business be a Water Producer? <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Will business sell Tobacco Products? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Will business be involved in Gaming Activities? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If you answered Yes to any of the above, except Gaming Activities, please complete a form RPD 41218 Registration for Special Tax Programs.

27. If applicable, provide former owner's  
 NM TRD ID No. \_\_\_\_\_  
 Business Name \_\_\_\_\_

28. Are you operating any other business(es) in New Mexico  Yes  No  
 If yes, give NM TRD ID No. \_\_\_\_\_  
 Business Name \_\_\_\_\_

29. Primary type of business in NM (Check all that apply)

<input type="checkbox"/> Accommodation, Food Services, and Drinking Places	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Administrative and Support Services and Waste Management and Remediation Services	<input type="checkbox"/> Mining and Oil and Gas Extraction
<input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting	<input type="checkbox"/> Professional, Scientific and Technical Services
<input type="checkbox"/> Arts, Entertainment and Recreation Management	<input type="checkbox"/> Real Estate and Leasing of Real Property
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental and Leasing of Tangible Personal Property
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Transportation and Warehousing
<input type="checkbox"/> Government	<input type="checkbox"/> Utilities
<input type="checkbox"/> Health Care and Social Assistance	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Information	<input type="checkbox"/> Other Services

30. Give a brief description of nature of business \_\_\_\_\_

31. I declare that the information reported on this form and any attached supplement(s) is true and correct.

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## COUNTY AND MUNICIPAL CODES

BERNALILLO		LEA		SAN JUAN	
Albuquerque	02-100	Eunice	06-210	Aztec	16-218
Laguna Pueblo (1)	02-951	Hobbs	06-111	Bloomfield	16-312
Laguna Pueblo (2)	02-952	Jal	06-306	Farmington	16-121
Rancho de Albuquerque	02-200	Lovington	06-405	Remainder of County	16-016
Rio Rancho (Bernalillo)	02-647	Lovington Indus. Park	06-158	<b>SAN MIGUEL</b>	
Sandia Pueblo (1)	02-901	Tatum	06-500	Las Vegas	12-122
Sandia Pueblo (2)	02-902	Remainder of County	06-006	Mosquero (San Miguel)	12-418
State Fairgrounds	02-555	<b>LINCOLN</b>		Pecos	12-313
Tijeras	02-318	Capitan	26-211	Remainder of County	12-012
Remainder of County	02-002	Carrizozo	26-307	<b>SANTA FE</b>	
<b>CATRON</b>		Corona	26-406	Edgewood	01-320
Reserve	28-130	Ruidoso	26-112	Espanola (Santa Fe)	01-226
Remainder of County	28-028	Ruidoso Downs	26-501	Espanola/Santa Clara Grant (1)	01-903
<b>CHAVES</b>		Remainder of County	26-026	Espanola/Santa Clara Grant (2)	01-904
Dexter	04-201	<b>LOS ALAMOS</b>		Nambe Pueblo (1)	01-951
Hagerman	04-300	City and County	32-032	Nambe Pueblo (2)	01-952
Lake Arthur	04-400	<b>LUNA</b>		Santa Clara Pueblo (1)	01-901
Roswell	04-101	Columbus	19-212	Santa Clara Pueblo (2)	01-902
Remainder of County	04-004	Deming	19-113	Santa Fe (city)	01-123
<b>CIBOLA</b>		Deming Indus. Park	19-155	Santa Fe Airport	01-161
Grants	33-227	Remainder of County	19-019	Remainder of County	01-001
Milan	33-131	<b>McKINLEY</b>		<b>SIERRA</b>	
Laguna Pueblo (1)	33-901	Gallup	13-114	Elephant Butte	21-319
Laguna Pueblo (2)	33-902	Remainder of County	13-013	Truth or Consequences	21-124
Remainder of County	33-033	<b>MORA</b>		Truth or Consequences Airport	21-164
<b>COLFAX</b>		Wagon Mound	30-115	Williamsburg	21-220
Angel Fire	09-600	Remainder of County	30-030	Remainder of County	21-021
Cimarron	09-401	<b>OTERO</b>		<b>SOCORRO</b>	
Eagle Nest	09-509	Alamogordo	15-116	Magdalena	25-221
Maxwell	09-202	Cloudcroft	15-213	Socorro (city)	25-125
Raton	09-102	Tularosa	15-308	Socorro Indus. Park	25-162
Springer	09-301	Remainder of County	15-015	Remainder of County	25-025
Remainder of County	09-009	<b>QUAY</b>		<b>TAOS</b>	
<b>CURRY</b>		House	10-407	Questa	20-222
Clovis	05-103	Logan	10-309	Questa Airport	20-160
Clovis Airport	05-154	San Jon	10-214	Red River	20-317
Grady	05-203	Tucumcari	10-117	Taos (city)	20-126
Melrose	05-402	Remainder of County	10-010	Taos Airport	20-163
Texico	05-302	<b>RIO ARRIBA</b>		Taos Ski Valley	20-414
Remainder of County	05-005	Chama	17-118	Remainder of County	20-020
<b>DeBACA</b>		Espanola (Rio Arriba)	17-215	<b>TORRANCE</b>	
Fort Sumner	27-104	Espanola/Santa Clara Grant (1)**	17-903	Encino	22-410
Remainder of County	27-027	Espanola/Santa Clara Grant (2)**	17-904	Estancia	22-503
<b>DONA ANA</b>		Jicarilla Apache Nation (1)	17-931	Moriarty	22-223
Hatch	07-204	Jicarilla Apache Nation (2)	17-932	Moriarty Airport	22-159
Las Cruces	07-105	Santa Clara Pueblo (1)	17-901	Mountainair	22-127
Mesilla	07-303	Santa Clara Pueblo (2)	17-902	Willard	22-314
Sunland Park	07-416	Remainder of County	17-017	Remainder of County	22-022
Remainder of County	07-007	<b>ROOSEVELT</b>		<b>UNION</b>	
<b>EDDY</b>		Causey	11-408	Clayton	18-128
Artesia	03-205	Dora	11-310	Des Moines	18-224
Carlsbad	03-106	Elida	11-216	Folsom	18-411
Hope	03-304	Floyd	11-502	Grenville	18-315
Loving	03-403	Portales	11-119	Remainder of County	18-018
Remainder of County	03-003	Remainder of County	11-011	<b>VALENCIA</b>	
<b>GRANT</b>		<b>SANDOVAL</b>		Belen	14-029
Bayard	08-206	Bernalillo (City)	29-120	Alexander Airport	14-152
Hurley	08-404	Corrales (Sandoval)	29-504	Bosque Farms	14-505
Santa Clara	08-305	Cuba	29-311	Laguna Pueblo (1)	14-901
Silver City	08-107	Jicarilla Apache Nation (1)	29-931	Laguna Pueblo (2)	14-902
Remainder of County	08-008	Jicarilla Apache Nation (2)	29-932	Los Lunas	14-316
<b>GUADALUPE</b>		Laguna Pueblo (1)	29-921	Remainder of County	14-014
Santa Rosa	24-108	Laguna Pueblo (2)	29-922		
Vaughn	24-207	Jemez Springs	29-217		
Remainder of County	24-024	Rio Rancho (Sandoval)	29-524		
<b>HARDING</b>		San Ysidro	29-409		
Mosquero (Harding)	31-208	Sandia Pueblo (1)	29-911		
Roy	31-109	Sandia Pueblo (2)	29-912		
Remainder of County	31-031	Santa Ana Pueblo (1)	29-951		
<b>HILDAGO</b>		Santa Ana Pueblo (2)	29-952		
Lordsburg	23-110	Remainder of County	29-029		
Viriden	23-209				
Remainder of County	23-023				

(1) Sales to or by tribal entities or members  
(2) Sales to tribal non-members by tribal non-members  
\*\* Businesses located on Santa Clara land within the city limits of Espanola

This business tax registration application is for the following tax programs: Gross Receipts, Compensating, Withholding, Workers Compensation Fee, 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 form RPD 41218 Registration for Special Tax Programs 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 form ACD-31075 Registration Update.**

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). Required for all entities except Individual / Proprietorship / Sole Owner.
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 25th 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.
  - a) Indicate whether or not you will pay wages to employees in New Mexico.
  - b) Indicate whether or not you will be required to pay the Worker's Compensation fee to New Mexico. Every employer who is covered by the Workers' Compensation Act, whether by requirement or election must file and pay the assessment fee and file form RPD 41054 Workers' Compensation Fee Form (WC-1). For more information contact the Workers' Compensation Administration at (505) 841-6000 or www.workerscomp.state.nm.us.
14. Enter the Social Security # (SSN) or Individual Tax Identification No. (ITIN) for individuals or Federal ID # (FEIN) if the entity is not an individual; Name and Title, Address, Phone #, and E-mail address for all Owners, Partners, Corporate Officers, Association Members, or Shareholders. Required Information, except for E-mail address.
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 Secretary of State Business ID Number. They may be contacted at www.sos.state.nm.us or by phone at 1-800-477-3632.
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 form RPD 41218 Registration for Special Tax Programs, 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 form ACD 31096 Tax Clearance Request.
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.
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.

**Taxation and Revenue Department**  
 1200 South St Francis Dr  
 PO Box 5374  
 Santa Fe, NM 87502-5374  
 (505) 827-0951  
 Fax (505) 827-9876

**Taxation and Revenue Department**  
 2540 El Paseo, Bldg. #2  
 PO Box 607  
 Las Cruces, NM 88004-0607  
 (575) 524-6225  
 Fax (575) 524-6224

**Taxation and Revenue Department**  
 400 N Pennsylvania Ave, Suite 200  
 PO Box 1557  
 Roswell, NM 88202-1557  
 (575) 624-6065  
 Fax (575) 624-6070

**Taxation and Revenue Department**  
 Bank of the West Building  
 5301 Central Ave. NE  
 PO Box 8485  
 Albuquerque, NM 87198-8485  
 (505) 841-6200  
 Fax (505) 841-6326

**Taxation and Revenue Department**  
 3501 E. Main St., Suite N  
 PO Box 479  
 Farmington, NM 87499-0479  
 (505) 325-5049  
 (505) 599-9703