

For office use only

NM TRD ID# 0 - -00-

DATE ISSUED

NTTC ONLY
 FLAG N

1. BUSINESS NAME

2. DBA

3. Federal ID No.

4. Telephone- Business ()

5. Other () Fax ()

6. Business E-mail Address

7. Type of Ownership (check one)

- Corporation
- Estate
- Government
- Indian Tribe
- Individual / Proprietorship / Sole Owner
- Limited Liability Company (LLC)
- Non Profit Organization Exempt 501 (c) _____
- Partnership
 - General
 - Limited
- S Corporation
- Trust

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

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

Month Day Year

Month Day Year

12. Select CRS Filing status: Monthly Temporary

Quarterly Seasonal

Semiannual If seasonal, indicate month(s) in which you will file:

13. Will business pay wages to employees in New Mexico?

Yes No

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

SSN _____

Name & Title _____

Home Address _____

Phone _____

E-Mail _____

SSN _____

Name & Title _____

Home Address _____

Phone _____

E-Mail _____

15. Method of accounting

Cash Accrual

16. Liquor License Type and No.

17. Public Regulatory Commission No.

18. Contractor's License No.

19. Will business sell Gasoline? Yes No

20. Will business sell Special Fuels? Yes No

21. Will business sell Cigarettes? Yes No

22. Will business sell Tobacco Products? Yes No

23. Will business engage in Severing Natural Resources? Yes No

24. Will business engage in Processing Natural Resources? Yes No

25. Will business be a Water Producer? Yes No

26. Will business be involved in Gaming Activities? Yes No

NOTE: If you answered Yes to any of the above, except Gaming Activities, please complete a Special Tax Registration Form.

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)

- Accommodation, Food Services, and Drinking Places
- Administrative and Support Services and Waste Management and Remediation Services
- Agriculture, Forestry, Fishing and Hunting
- Arts, Entertainment and Recreation Management
- Construction
- Educational Services
- Finance and Insurance
- Government
- Health Care and Social Assistance
- Information
- Manufacturing
- Mining and Oil and Gas Extraction

- Professional, Scientific and Technical Services
- Real Estate and Leasing of Real Property
- Rental and Leasing of Tangible Personal Property
- Retail Trade
- Transportation and Warehousing
- Utilities
- Wholesale Trade
- 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