

- If you will need more forms, please download additional forms from our website at www.tax.newmexico.gov.
- You will receive more CRS-1 Forms in the CRS-1 Filer's Kit mailed every June and December.
- Please file your CRS-1 Forms 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>. Follow the instructions to e-file your return.
First time filers must register for online filing.
- Upon completion of this form, sign, date, and enter your e-mail address on the form. Make check payable to New Mexico Taxation and Revenue Department. Mail to:

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

Penalty will be assessed for nonpayment of timely reports. Please indicate your CRS ID number on your check.

Do not make address changes on the CRS-1 Form.
Use the Form ACD-31075, Business Tax Registration Update.

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

Keep this copy as part of 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 month following end of report period

COMBINED REPORT FORM, CRS-1

Rev. 3/2016

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

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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

Go Paperless!

File the CRS-1 Form 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.			\$	\$	TOTAL GROSS RECEIPTS TAX		1
Payment made by: <input type="checkbox"/> Automated Clearinghouse Deposit Date _____					COMPENSATING TAX		2
<input type="checkbox"/> Federal Wire Transfer Date _____					WITHHOLDING TAX		3
Check if applicable: <input type="checkbox"/> Amended Report					TOTAL TAX DUE		4
TAX PERIOD <input type="text"/> <input type="text"/> <input type="text"/> through <input type="text"/> <input type="text"/> <input type="text"/>					PENALTY		5
Print Name _____ NM CRS ID No. _____ Phone No. _____					INTEREST		6
					TOTAL AMOUNT DUE		7

Rev. 10/2014

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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