

State of New Mexico - Taxation and Revenue Department  
**TAX INFORMATION AUTHORIZATION**

|               |                        |
|---------------|------------------------|
| Business Name | New Mexico ID Number   |
| Name          | Social Security Number |
| Address       | Telephone Number       |

**Hereby authorizes** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**to represent me and/or my business pertaining to taxes administered by the New Mexico Taxation and Revenue Department.\***

IF IRS INFORMATION IS INVOLVED, BE SURE TO OBTAIN FORM 2848 OR FORM 8821, AS APPLICABLE.

| CHECK ALL ITEMS THAT APPLY                    |   |
|---|---|
| <input type="checkbox"/> all state taxes      | FOR   |
| <input type="checkbox"/> CRS taxes            |   |
| <input type="checkbox"/> income taxes         |   |
| <input type="checkbox"/> specify others _____ |   |
|   | <input type="checkbox"/> any year                       |
|   | OR  |
|   | <input type="checkbox"/> specify specific year(s) _____ |

**I certify that I have the authority to execute this tax information authorization.\*\***

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Signature Title Date

\* The taxpayer may limit the scope of this authorization by specifying the particular information or tax types to be handled by the authorized person.  
\*\* For joint returns, both taxpayers must sign. If not signed by the taxpayer, signature must be that of a corporate officer, partner, or fiduciary on behalf of the taxpayer.