State of New Mexico - Taxation and Revenue Department

TAX INFORMATION AUTHORIZATION

□Taxpayer Name □ Business I	Name	□ NM ID	□SSN	☐ FEIN	□ EIN	
□Taxpayer Address □ Business Address		Telephone	Telephone Number			
City State		Zip Code				
Hereby authorizes						
Address:		Telephone	Number:			
to represent me and/or my l Department.* IF IRS INFORMATION I	business pertaining to tab	-				
	CHECK ALL I	TEMS THAT APPLY				
	FOR	☐ any year OR ☐ specify specific	year(s)			
I certify that I have the author		formation authorization	**	D	ate	
		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.