RPD-41368 Rev. 12/30/2015

## State of New Mexico - Taxation and Revenue Department

## **Notice of Distribution of Technology Jobs Tax Credit**

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## Purpose of this Form.

Form RPD-41368, *Notice of Distribution of Technology Jobs Tax Credit*, must be used to report to the New Mexico Taxation and Revenue Department (TRD) a distribution of approved technology jobs tax credit from a pass-through entity (PTE) to owners, members or partners of the PTE. This notice must be signed by the authorized representative of a PTE that has been approved for the technology jobs tax credit. Notice should be mailed to TRD within 10 days of the transfer. The PTE must have a TRD approved Form RPD-41239, *Application for Technology Jobs Tax Credit*, before using this Form RPD-41368 to report a transfer.

Mail to New Mexico Taxation and Revenue Department, PIT Edit Error, P.O. Box 5418, Santa Fe, New Mexico 87502-5418. For assistance completing this form, call (505) 827-0792.

Technology jobs	tax credit transferr	ed:					
Credit number of PTE:	Approval date of PTE:	Date of t	Date of the transfer:		Amount of technology jobs tax credit transferred:		
Transferred from:	:						
Name of PTE				:	SSN or FEIN		
Name of contact (if applica	ble)		Phone number		E-mail address		
Under penalty of perj belief, it is true, correc		examined the	I his form and attac	hments and	to the best of my knowledge and		
Signature of the PTE authorized representative				Date			
Transferred to:							
Name of owner, member or partner			SSN	,	Amount		
			FEIN				
Name of owner, member o	r partner		SSN	/	Amount		
			FEIN				
Name of owner, member o	r partner		SSN	/	Amount		
			FEIN				
Name of owner, member o	r partner		SSN		Amount		
			FEIN				
Name of owner, member or partner			SSN		Amount		
			FEIN				
Name of owner, member o	r partner		SSN		Amount		
			FEIN				
Name of owner, member o	r partner		SSN		Amount		
			FEIN				

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Name of owner, member or partner	SSN	Amount
	FEIN	
Name of owner, member or partner	SSN	Amount
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	FEIN	
Name of owner, member or partner	SSN	Amount
	FEIN	
Name of owner, member or partner	SSN	Amount
	FEIN	
Name of owner, member or partner	CCN	Amount
Name of owner, member of partner	SSN	Amount
	FEIN	
Name of owner, member or partner	SSN	Amount
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Name of owner, member or partner	SSN	Amount
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	FEIN	
Name of owner, member or partner	SSN	Amount
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Name of owner, member or partner	SSN	Amount
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Name of owner, member or partner	SSN	Amount
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Name of owner, member or partner	SSN	Amount
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Name of owner, member or partner	SSN	Amount
	FEIN	