

STATE OF NEW MEXICO - TAXATION AND REVENUE DEPARTMENT
BUSINESS TAX REGISTRATION UPDATE

CURRENT INFORMATION

1. New Mexico Taxation and Revenue Department Identification Number (NM TRD ID#) 0 - - - - - - - - - - - 00 -	2. Federal Employer Identification Number: (FEIN) - - - - - - - - - - - - - -
3. Business Name	4. DBA (If applicable)

**NEW INFORMATION
FILL IN THOSE BOXES BELOW FOR WHICH A CHANGE IS BEING REPORTED**

5. <input type="checkbox"/> Change the business registration status to: ACTIVE/CLOSED (Circle one) Effective Date: / /	6. <input type="checkbox"/> Change the Business Start Date to: / / <small>(Note: When ownership has changed a new NM TRD ID# must be obtained)</small>
7. Business Name	DBA
Business Phone Number () Ext.	Other Phone Number ()
Mailing Address	City State Zip Code Country
Business Location Address (not a PO Box)	City State Zip Code Country
Add other physical location (Attach additional pages if necessary)	City State Zip Code Country
8. Will business pay wages to employees in New Mexico? Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Workers Compensation Fee? <input type="checkbox"/> ADD <input type="checkbox"/> DELETE Effective Date:
10. Seasonal Businesses Only - Change the business season to: Season Start Month Season End Month	
11. Change the CRS Filing Status to: <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <small>(NOTE: Please review the filing status requirements on reverse before requesting a change.)</small>	

12. Primary type of business in New Mexico (Check all that apply) <table style="width:100%; border:none;"> <tr> <td style="width:30%; vertical-align:top;"> ADD DELETE <input type="checkbox"/> Accommodation, Food Services, and Drinking Places <input type="checkbox"/> Administration and Support Services and Waste Management and Remediation Services <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting <input type="checkbox"/> Arts, Entertainment and Resource Management <input type="checkbox"/> Construction <input type="checkbox"/> Educational Services <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Government <input type="checkbox"/> Health Care and Social Assistance </td> <td style="width:30%; vertical-align:top;"> ADD DELETE <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining and Oil and Gas Extraction <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Real Estate and Leasing of Real Property <input type="checkbox"/> Rental and Leasing of Tangible Personal Property <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Other Services </td> <td style="width:40%; vertical-align:top;"> 13. Give a brief description of nature of business </td> </tr> </table>	ADD DELETE <input type="checkbox"/> Accommodation, Food Services, and Drinking Places <input type="checkbox"/> Administration and Support Services and Waste Management and Remediation Services <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting <input type="checkbox"/> Arts, Entertainment and Resource Management <input type="checkbox"/> Construction <input type="checkbox"/> Educational Services <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Government <input type="checkbox"/> Health Care and Social Assistance	ADD DELETE <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining and Oil and Gas Extraction <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Real Estate and Leasing of Real Property <input type="checkbox"/> Rental and Leasing of Tangible Personal Property <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Other Services	13. Give a brief description of nature of business
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14. Federal Employer Identification Number (FEIN) _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE								
15. <u>Liquor License Type/No.</u> : _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE								
16. <u>Public Regulation Comm. No.</u> : _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE								
17. <u>RLD Contractor's License No.</u> : _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE								
18. <u>Special Tax Registration Information</u> - Only update if a change is necessary. <small>Note: A Special Tax Registration must be completed when adding an activity below.</small> <table style="width:100%; border:none;"> <tr> <td>Gasoline Sales <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> <td>Severing Natural Resources <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> </tr> <tr> <td>Special Fuels <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> <td>Processing Natural Resources <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> </tr> <tr> <td>Cigarette Sales <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> <td>Water Producer <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> </tr> <tr> <td>Tobacco Products <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> <td>Gaming Activities <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</td> </tr> </table>	Gasoline Sales <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Severing Natural Resources <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Special Fuels <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Processing Natural Resources <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Cigarette Sales <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Water Producer <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Tobacco Products <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Gaming Activities <input type="checkbox"/> ADD <input type="checkbox"/> DELETE
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19. Are you closing a business? You may want to request a Letter of Good Standing or a Certificate of No Tax Due. See instructions on the back of this form.

20. Before updating Owners / Partners / Corporate Officers / Association Members / Shareholders information below, please see the instructions on the reverse side of this form.

(Attach additional pages if necessary)

# 1 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	# 2 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
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SSN _____

NAME & TITLE _____

ADDRESS _____

PHONE & E-MAIL _____

21. I declare that the information reported on this form and any supplemental page(s) is true and correct.

Print Name _____ Signature _____ Date _____

Send original to any Taxation & Revenue Department office listed on the back of this form. Please keep a copy for your files.