

For office use only
NM TRD ID# 0 - -00-
DATE ISSUED
[] NTTC ONLY
[] FLAG N

1. BUSINESS NAME

2. DBA

3. Federal ID No.
Required except for Individual / Proprietorship / Sole Owner
4. Telephone- Business ()
5. Other () Fax ()
6. Business E-mail Address
7. Type of Ownership (check one)
[] Corporation [] Non Profit Organization Exempt 501 (c)
[] Estate [] Partnership
[] Government [] General [] Limited
[] Indian Tribe [] S Corporation
[] Individual / Proprietorship / Sole Owner [] Trust
[] Limited Liability Company (LLC)

8. Mailing Address City State Zip Code

9. Principal Business Location City State Zip Code

10. Date business activity started or is anticipated to start in New Mexico
Month Day Year
11. Date business will close (only if you check "Temporary" in box 12)
Month Day Year

12. Select CRS Filing status:
[] Monthly [] Quarterly [] Semiannual
[] Temporary [] Seasonal
If seasonal, indicate month(s) in which you will file:
13 A. Will business pay wages to employees in New Mexico? [] Yes [] No
13 B. Will business be required to obtain Worker's Compensation Insurance within 12 months? [] Yes [] No
Effective date:

14. List Owners, Partners, Corporate Officers, Association Members, or Shareholders. If listing a business other than an individual, please see instructions. (Attach additional pages if necessary.)
SSN / ITIN / FEIN (required)
Name & Title
Home Address
Phone
E-Mail

15. Method of accounting [] Cash [] Accrual
16. Liquor License Type and No.
17. Public Regulatory Commission No.
18. Contractor's License No.

19. Will business sell Gasoline? [] Yes [] No
20. Will business sell Special Fuels? [] Yes [] No
21. Will business sell Cigarettes? [] Yes [] No
22. Will business sell Tobacco Products? [] Yes [] No
23. Will business engage in Severing Natural Resources? [] Yes [] No
24. Will business engage in Processing Natural Resources? [] Yes [] No
25. Will business be a Water Producer? [] Yes [] No
26. Will business be involved in Gaming Activities? [] Yes [] No
NOTE: If you answered Yes to any of the above, except Gaming Activities, please complete a Special Tax Registration Form.

27. If applicable, provide former owner's
NM TRD ID No.
Business Name
28. Are you operating any other business (es) in New Mexico? [] Yes [] No
If yes, give: NM TRD ID No.
Business Name

29. Primary type of business in NM (Check all that apply)
[] Accommodation, Food Services, and Drinking Places [] Manufacturing
[] Administrative and Support Services and Waste Management and Remediation Services [] Mining and Oil and Gas Extraction
[] Agriculture, Forestry, Fishing and Hunting [] Professional, Scientific and Technical Services
[] Arts, Entertainment and Recreation Management [] Real Estate and Leasing of Real Property
[] Construction [] Rental and Leasing of Tangible Personal Property
[] Educational Services [] Retail Trade
[] Finance and Insurance [] Transportation and Warehousing
[] Government [] Utilities
[] Health Care and Social Assistance [] Wholesale Trade
[] Information [] Other Services
30. Give a brief description of nature of business

31. I declare that the information reported on this form and any attached supplement(s) is true and correct.
Print Name Title Date
Signature