

Tax Information Authorization
Tax Disclosure

PLEASE TYPE OR PRINT IN BLACK INK

*Required Fields (If the required fields are not complete this form is VOID and the taxpayer(s) information will not be shared.)

This form expires one year from the date of the authorizing signature. If your authorized representative changes before that, notify the Department.

Taxpayer Information					
Name(s)*		Tax Identification Number(s)*		Reporting Period(s)*	
DBA Name(s) (if applicable)		SSN: _____ SPOUSE SSN: _____		Tax Year(s): _____ Starting Period: _____ Ending Period: _____	
Mailing Address*		FEIN: _____ NM ID: _____			
City*	State*	Zip Code*	Tax Program(s)*		
Telephone Number* (____)			<input type="checkbox"/> All State Taxes <input type="checkbox"/> Personal Income Tax <input type="checkbox"/> Fiduciary Income Tax <input type="checkbox"/> Corporate Income Tax <input type="checkbox"/> Oil and Gas Taxes <input type="checkbox"/> Other: _____		
E-mail Address			<input type="checkbox"/> Combined Reporting System (CRS) <input type="checkbox"/> Gross Receipts Tax <input type="checkbox"/> Compensating Tax <input type="checkbox"/> Withholding Tax		
Fax Number					

Authorized Representative(s) Information					
Individual Representative's Name*			Additional Individual Representative's Name		
Mailing Address*			Mailing Address		
City*	State*	Zip Code*	City	State	Zip Code
Telephone Number* (____)			Telephone Number (____)		
E-mail Address			E-mail Address		
Fax Number			Fax Number		

Authorizing Signature(s)

By signing below, I acknowledge that the authorized individual representative(s) listed above have the authority to receive New Mexico confidential information on behalf of the taxpayer listed above in tax matters related to this form per NMSA 1978, § 7-1-8 and 26 U.S.C. § 6103.

NOTE:

*For taxpayers authorizing the Department to disclose New Mexico return or return information for a married filing joint personal income tax return, both taxpayers must sign this form.

*For a business or estate this form must be signed by a corporate officer, partner, or fiduciary who has been previously identified as such to the Taxation and Revenue Department.

Printed Name* _____

Printed Name _____

Title _____

Title _____

Signature* _____

Date* _____

Signature _____

Date _____

By checking this box, I (the taxpayer) am authorizing the New Mexico Taxation and Revenue Department Secretary or Secretary's delegate, to use facsimile, e-mail, or both, to provide the requested state and federal confidential information available on the taxpayer's New Mexico tax return to the taxpayer or the taxpayer's authorized individual representative listed on this form. I understand that the fax numbers and e-mail addresses above will be used when providing the New Mexico confidential information.

This form can be submitted at any of the district offices listed below:

Taxation and Revenue Department
1200 South St Francis Dr
PO Box 5374
Santa Fe, NM 87502-5374
(505) 827-0951
Fax (505) 827-9876

Taxation and Revenue Department
Bank of the West Building
5301 Central Ave. NE
PO Box 8485
Albuquerque, NM 87198-8485
(505) 841-6200
Fax (505) 841-6326

Taxation and Revenue Department
2540 El Paseo, Bldg. #2
PO Box 607
Las Cruces, NM 88004-0607
(575) 524-6225
Fax (575) 524-6224

Taxation and Revenue Department
3501 E. Main St., Suite N
PO Box 479
Farmington, NM 87499-0479
(505) 325-5049
Fax (505) 599-9703

Taxation and Revenue Department
400 N Pennsylvania Ave, Suite 200
PO Box 1557
Roswell, NM 88202-1557
(575) 624-6065
Fax (575) 624-6070