New Mexico PTD SAEF Portal Registration

This form is for the registration with the Property Tax Division, State Assessed Property Bureau for the purposes of issuing access credentials for the State Assessed E-File Portal (SAEF). This form must be completed, printed, signed, and then either scanned and then sent to either taxcamasupport@catalisgov.com or nmtrd.sapb@tax.nm.gov

Business Information				
Business Name				
CAB ID				
Industry				
Ownership	Public Private	Number of Owners (if	Private)	
Structure	C-Corp S-Corp Partnership	Regulated Company:	Yes No	
Primary Contact I	nformation			
		ne primary contact for your ny officer and/or have signi	organization for tax-related ng authority.	
•		n administrative-level acco		
First Name		Last Name		
Position				
E-mail			Phone	
Address				
Address Line 2				
City		State	Zip	

Additional User Accounts

Please enter the contact information for additional business users that you want to have access to the portal. If the user is a third-party please select the check-box acknowledging that they have the right to file on behalf of your company. Additional users can be assigned one of two levels, Level 1 users can enter information into the rendition, and <u>Level 2 users can enter information into renditions and submit the data to PTD</u>. Please indicate the level of access for each party below.

If you require more than four additional users, you may submit multiple copies of this page of the form.

First Name		Last Name
E-mail		
Assigned User Level	Level 1 Level 2	Third-party user who may access the portal on behalf of the organization
First Name		Last Name
E-mail		
Assigned User Level	Level 1 Level 2	Third-party user who may access the portal on behalf of the organization
First Name		Last Name
First Name E-mail		Last Name
	Level 1 Level 2	Third-party user who may access the portal on behalf of the organization
E-mail Assigned User		Third-party user who may access the portal on behalf of the
E-mail Assigned User Level		Third-party user who may access the portal on behalf of the organization
E-mail Assigned User Level First Name		Third-party user who may access the portal on behalf of the organization

Terms and Conditions

Signature

Following the submission of this form credentials will be issued to all requested users. For more information about creating an account please visit https://support.axiomnh.com/a/solutions/articles/25000026689

By signing and submitting this form, I acknowledge the following:

- 1. All of the individuals listed will be authorized as indicated to file electronically on behalf of the taxpayer listed above and that revocation of this access must be done in writing to the Department.
- 2. The individuals listed above have the authority to receive Federal and State confidential information on behalf of the listed organization tax matters related to this form per NMSA 1978, §7-1-8 and 26 U.S.C. § 6103.

3. As preparer, I am authorizing the New Mexico Taxation and Revenue Department Secretary or Secretary's delegate, to use facsimile, e-mail, or both. I understand that contact information above

will be used when providing confidential information.

Printed Name

Date