

STATE OF NEW MEXICO – TAXATION AND REVENUE DEPARTMENT
APPLICATION FOR BUSINESS TAX IDENTIFICATION NUMBER
 PLEASE TYPE OR PRINT IN BLACK INK – Please read instructions on reverse

For office use only			
NM TRD ID# 0 _____ -00- _____		DATE ISSUED	<input type="checkbox"/> NTTC ONLY <input type="checkbox"/> FLAG N
1. BUSINESS NAME			
2. DBA			
3. Federal ID No.	7. Type of Ownership (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Individual / Proprietorship / Sole Owner <input type="checkbox"/> Limited Liability Company (LLC)		
4. Telephone- Business ()	<input type="checkbox"/> Non Profit Organization Exempt 501 (c) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust		
5. Other ()	Fax ()		
6. Business E-mail Address			
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		11. Date business will close (only if you check "Temporary" in box 12)	
Month _____	Day _____	Year _____	Month _____
Day _____	Year _____		
12. Select CRS Filing status: <input type="checkbox"/> Monthly <input type="checkbox"/> Temporary <input type="checkbox"/> Quarterly <input type="checkbox"/> Seasonal <input type="checkbox"/> Semiannual If seasonal, indicate month(s) in which you will file: _____		13. Will business pay wages to employees in New Mexico? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 _____		SSN _____	
Name & Title _____		Name & Title _____	
Home Address _____		Home Address _____	
Phone _____		Phone _____	
E-Mail _____		E-Mail _____	
15. Method of accounting	16. Liquor License Type and No.	17. Public Regulatory Commission No.	18. Contractor's License No.
<input type="checkbox"/> Cash <input type="checkbox"/> Accrual			
19. Will business sell Gasoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Will business engage in Severing Natural Resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Will business sell Special Fuels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Will business engage in Processing Natural Resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Will business sell Cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Will business be a Water Producer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Will business sell Tobacco Products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Will business be involved in Gaming Activities?	<input type="checkbox"/> Yes <input type="checkbox"/> 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		28. Are you operating any other business (es) in New Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NM TRD ID No. _____		If yes, give: NM TRD ID No. _____	
Business Name _____		Business Name _____	
29. Primary type of business in NM (Check all that apply) <input type="checkbox"/> Accommodation, Food Services, and Drinking Places <input type="checkbox"/> Administrative and Support Services and Waste Management and Remediation Services <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting <input type="checkbox"/> Arts, Entertainment and Recreation 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 <input type="checkbox"/> Information <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	
		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 _____	
Signature _____		Date _____	