

- 6 CRS-1 Forms are provided for you to complete and submit to the Department.
- You will receive more CRS-1 Forms in the CRS-1 Filer's Kit mailed every June and December.
- Please file your CRS-1 Forms in accordance with your filing status: i.e., monthly, quarterly, semi-annually. If you do not know your filing status, please contact your local district office.
- Sign the return and make check payable to Taxation and Revenue Department.
Mail to: P.O. Box 25128, Santa Fe, NM 87504-5128

Penalty will be assessed for nonpayment of timely reports. Please indicate your CRS ID number on your check.

Do not make address changes on the CRS-1 Form.
Use the Registration Update, Form ACD-31075, included in this packet.

NAME	NEW MEXICO CRS ID NO. 
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TAXPAYER'S COPY

Keep this copy as part of your records.

Tear at perforation and return bottom portion only to:
Taxation and Revenue Department
P.O. Box 25128, Santa Fe, New Mexico 87504-5128

Due date: 25th of month following end of report period

COMBINED REPORT FORM, CRS-1

10/2000

NAME
STREET / BOX
CITY, STATE, ZIP

NEW MEXICO CRS ID NO. 	
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Please complete if not preprinted

Please complete if not preprinted

Mail To: Taxation and Revenue Department, P.O. Box 25128, Santa Fe, NM 87504-5128

DEPT. USE LATE FILE	DEPT. USE ONLY		DEPT. USE ONLY Do not write in this area

Go Paperless!

File the CRS-1 Form online through the Department's website:

www.state.nm.us/tax

click on *Electronic Services*, and choose *CRS-NET*

A	Municipality / County Name	B	Special Code*	C	Location Code	D	Gross Receipts (Excluding Tax)	E	Total Deductions	F	Taxable Gross Receipts	G	Tax Rate	H	Gross Receipts Tax
TOTAL COLUMNS D, E and H. *See instructions for column B.						\$		\$		TOTAL GROSS RECEIPTS TAX		1			

Payment made by: ☐ Automated Clearinghouse Deposit Date _____
☐ Federal Wire Transfer Date _____

Check if applicable: ☐ Amended Report

TAXPERIOD

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 through

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Month Day Year Month Day Year

Print Name	NMCRS ID No.	Phone No.
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Signature of Taxpayer or Agent _____ Title _____ Date _____

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

A	Municipality / County Name	B	Special Code*	C	Location Code	D	Gross Receipts (Excluding Tax)	E	Total Deductions	F	Taxable Gross Receipts	G	Tax Rate	H	Gross Receipts Tax
TOTAL COLUMNS D, E and H. *See instructions for column B.						\$		\$		TOTAL GROSS RECEIPTS TAX		1			

Payment made by: ☐ Automated Clearinghouse Deposit Date _____
☐ Federal Wire Transfer Date _____

Check if applicable: ☐ Amended Report

TAXPERIOD

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 through

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Print Name	NMCRS ID No.	Phone No.
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Signature of Taxpayer or Agent _____ Title _____ Date _____

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.