

State of New Mexico - Taxation & Revenue Department  
**HOLDER'S REQUEST FOR REIMBURSEMENT**

State of \_\_\_\_\_ Report Year \_\_\_\_\_ Report Total \_\_\_\_\_

**PART I HOLDER INFORMATION**

Holder Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Tax ID# \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Contact Fax Number \_\_\_\_\_ Contact E-mail Address \_\_\_\_\_

**PART II CLAIM INFORMATION**

Property Code \_\_\_\_\_ Acct. Reference No. (if aggregate-specify) \_\_\_\_\_ Date Pd. to Owner/Acct. Reactivated\* \_\_\_\_\_ Dollar Amount/Number of Shares \_\_\_\_\_

Owner's Name (exactly as on Report) \_\_\_\_\_ Owner's Address (as listed on Report) \_\_\_\_\_

Claimant's Name & Address (if different than owner) \_\_\_\_\_

**\*IF AMOUNT WAS REMITTED IN ERROR, ATTACH  
A SEPARATE SHEET DETAILING THE ERROR**

**Total Request for Reimbursement: \$ \_\_\_\_\_**

**PART III HOLDER CERTIFICATION**

I, \_\_\_\_\_, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property which was listed in the Report filed by the holder, have been paid to the rightful owner(s) or their appointed representatives. I agree, upon payment of the above-described property to indemnify the State and hold it harmless for all claims and losses, demands, costs, and other expenses which the State may sustain by reason of returning property to the holder and by reason further of its refusal to pay the property to other person or persons:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Name and Title of Holder Representative (type or print) \_\_\_\_\_

Signature of Holder Representative \_\_\_\_\_

Date \_\_\_\_\_