

**CRS-1 - LONG FORM** PAGE 1  
**COMBINED REPORT SYSTEM**

Rev. 09/2010

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

Place 3 of 9 Bar code here.  
 (Mandatory)

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX STREET / BOX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CITY, STATE, ZIP XXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXX	NEW MEXICO CRS ID NO.	09-999999-009  <div style="border: 1px solid red; padding: 2px; display: inline-block;">Vendor Code 99999999</div>
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**TAX PERIOD**

MM	DD	YY	through	MM	DD	YY
Month	Day	Year		Month	Day	Year

Check if applicable:  Amended report

Payment made by:

- Automated clearinghouse deposit  
 Federal wire transfer

Date MM/DD/YY  
 Date MM/DD/YY

**If additional space is needed, use the supplemental page.**

Do not submit a photocopy of these forms to the Department. If additional space is needed, please obtain an original form from your local district office or download the form from our web site at [www.tax.newmexico.gov](http://www.tax.newmexico.gov).

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
XXXXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
Enter total of columns D, E and H, this page. * See instructions for column B.			999,999,999.99	999,999,999.99			999,999,999.99
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.			999,999,999.99	999,999,999.99			999,999,999.99

*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.*

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Signature of Taxpayer or Agent

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999-999-9999  
 Print name Phone

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY  
 Title Date

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 E-mail address

<b>1</b>	<b>TOTAL GROSS RECEIPTS TAX ALL PAGES</b>	999,999,999.99
<b>2</b>	<b>COMPENSATING TAX</b>	999,999,999.99
<b>3</b>	<b>WITHHOLDING TAX</b>	999,999,999.99
<b>4</b>	<b>TOTAL TAX DUE</b>	999,999,999.99
<b>5</b>	<b>PENALTY</b>	999,999,999.99
<b>6</b>	<b>INTEREST</b>	999,999,999.99
<b>7</b>	<b>TOTAL AMOUNT DUE</b>	999,999,999.99

