

State of New Mexico - Taxation and Revenue Department

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 87504-5128Place 3 of 9 Bar code here.
(Mandatory)

NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NEW MEXICO CRS ID NO.	09-999999-009
STREET / BOX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
CITY, STATE, ZIP	XXXXXXXXXXXXXXXXXXXX XX XXXXXXXXX	Vendor Code 99999999	

TAX PERIODCheck if applicable: ☐ Amended report

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

Payment made by:

☐ Automated clearinghouse deposit

Date MM/DD/YY

☐ Federal wire transfer

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.

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
XXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXX	X	99-999	999,999,999.99	999,999,999.99	999,999,999.99	0.9999	999,999,999.99
XXXXXXXXXXXX	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.

Signature of Taxpayer or Agent

XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999-999-9999

Print name

Phone

XXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY

Title

Date

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

E-mail address

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

999,999,999.99