



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

Rev.01/24/2022

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

Returns submitted with the incorrect filing period will be rejected

Returns submitted with the incorrect filing period will be rejected

NAME  
STREET / BOX  
CITY, STATE, ZIP

NMBTIN: \_\_\_\_\_

**TAX PERIOD**

through     
 Month Day Year                      Month Day Year

Check if applicable:  Amended report

Payment made by:

Automated clearinghouse deposit                      Date \_\_\_\_\_  
 Federal wire transfer    Date \_\_\_\_\_

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/).

Do Not Submit for taxes reported or collected after 07/01/2021

Do Not Submit for taxes reported or collected after 07/01/2021

| 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 |
|--|-----------------|-----------------|----------------------------------|--------------------|--------------------------|------------|----------------------|
|  |                 |                 |                                  |                    |                          |            |                      |
|  |                 |                 |                                  |                    |                          |            |                      |
|  |                 |                 |                                  |                    |                          |            |                      |
|  |                 |                 |                                  |                    |                          |            |                      |
|  |                 |                 |                                  |                    |                          |            |                      |
|  |                 |                 |                                  |                    |                          |            |                      |
|  |                 |                 |                                  |                    |                          |            |                      |
|  |                 |                 |                                  |                    |                          |            |                      |
| Enter total of columns D, E and H, this page.<br>* See instructions for column B.                                    |                 |                 | \$                               | \$                 |                          |            | \$                   |
| If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages. |                 |                 | \$                               | \$                 |                          |            | \$                   |

Return is for periods prior to 07/01/2021

Return is for periods prior to 07/01/2021

*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

\_\_\_\_\_  
Print name    Phone

\_\_\_\_\_  
Title    Date

|   |                                    |  |
|---|------------------------------------|--|
| 1 | TOTAL GROSS RECEIPTS TAX ALL PAGES |  |
| 2 | COMPENSATING TAX                   |  |
| 3 | WITHHOLDING TAX                    |  |
| 4 | TOTAL TAX DUE                      |  |
| 5 | PENALTY                            |  |
| 6 | INTEREST                           |  |
| 7 | TOTAL AMOUNT DUE                   |  |

