

For office use only		
NM TRD ID# 0 ____ - ____ -00- ____	DATE ISSUED	<input type="checkbox"/> NTTC ONLY <input type="checkbox"/> FLAG N

1. BUSINESS NAME

2. DBA

3. Federal ID No. <small>Required except for Individual / Proprietorship / Sole Owner</small>	7. Type of Ownership (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Individual / Proprietorship / Sole Owner <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Non Profit Organization Exempt 501 (c) ____ <input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust
4. Telephone- Business ()	
5. Other () Fax ()	
6. Business E-mail Address	

8. Mailing Address _____ **City** _____ **State** _____ **Zip Code** _____

9. Principal Business Location _____ **City** _____ **State** _____ **Zip Code** _____

10. Date business activity started or is anticipated to start in New Mexico	11. Date business will close (only if you check "Temporary" in box 12)
Month _____ Day _____ Year _____	Month _____ Day _____ Year _____

12. Select CRS Filing status: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal If seasonal, indicate month(s) in which you will file: _____	13 A. Will business pay wages to employees in New Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No 13 B. Will business be required to obtain Worker's Compensation Insurance within 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date: _____
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14. List Owners, Partners, Corporate Officers, Association Members, or Shareholders. If listing a business other than an individual, please see instructions. (Attach additional pages if necessary.)

SSN / ITIN / FEIN _____ (required) Name & Title _____ Home Address _____ Phone _____ E-Mail _____	SSN / ITIN / FEIN _____ (required) Name & Title _____ Home Address _____ Phone _____ E-Mail _____
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15. Method of accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	16. Liquor License Type and No.	17. Public Regulatory Commission No.	18. Contractor's License No.
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19. Will business sell Gasoline? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Will business sell Special Fuels? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Will business engage in Severing Natural Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Will business engage in Processing Natural Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Will business sell Cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Will business sell Tobacco Products? <input type="checkbox"/> Yes <input type="checkbox"/> No	25. Will business be a Water Producer? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Will business be involved in Gaming Activities? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If you answered Yes to any of the above, except Gaming Activities, please complete a Special Tax Registration Form.

27. If applicable, provide former owner's NM TRD ID No. _____ Business Name _____	28. Are you operating any other business (es) in New Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give: NM TRD ID No. _____ Business Name _____
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29. Primary type of business in NM (Check all that apply) <input type="checkbox"/> Accommodation, Food Services, and Drinking Places <input type="checkbox"/> Administrative and Support Services and Waste Management and Remediation Services <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting <input type="checkbox"/> Arts, Entertainment and Recreation Management <input type="checkbox"/> Construction <input type="checkbox"/> Educational Services <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Government <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining and Oil and Gas Extraction <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Real Estate and Leasing of Real Property <input type="checkbox"/> Rental and Leasing of Tangible Personal Property <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Other Services	30. Give a brief description of nature of business _____ _____ _____
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31. I declare that the information reported on this form and any attached supplement(s) is true and correct.

Print Name _____ Title _____ Date _____

Signature _____