

New Mexico Taxation and Revenue Department
COMBINED REPORT FORM, CRS-1 Short Form

TAXPAYER'S COPY

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
					01-123								0.079375		
					01-123								0.079375		
													0.079375		
TOTAL COLUMNS D, E and H. *See instructions for column B.						\$		\$		TOTAL GROSS RECEIPTS TAX		1			
Payment made by: <input type="checkbox"/> Automated Clearinghouse Deposit Date _____ <input type="checkbox"/> Federal Wire Transfer Date _____											COMPENSATING TAX		2		
											WITHHOLDING TAX		3		
											TOTAL TAX DUE		4		
											PENALTY		5		
											INTEREST		6		
											TOTAL AMOUNT DUE		7		

Check if applicable: Amended Report

TAX PERIOD

Month	Day	Year

 through

Month	Day	Year

Print Name _____ NM CRS ID No. _____ Phone No. _____

Signature of Taxpayer or Agent _____ Title _____ Date _____

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.

▽ **RETURN BOTTOM PORTION WITH YOUR PAYMENT** ▽

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▽PRINT ON REVERSE OF BOTTOM PORTION▽
AND RETURN WITH PAYMENT

COMBINED REPORT FORM, CRS-1 Short Form

03/2005

NAME STREET / BOX CITY, STATE, ZIP
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NEW MEXICO CRS ID NO. →	
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Please complete if not preprinted

Please complete if not preprinted

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

DEPT. USE LATE FILE

DEPT. USE ONLY

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DEPT. USE ONLY
Do not write in this