

**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

NAME  
 STREET / BOX  
 CITY, STATE, ZIP

NEW MEXICO  
 CRS ID NO.

**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).

A	B	C	D	E	F	G	H
Municipality / county name	Special code*	Location code	Gross receipts (excluding tax)	Total deductions	Taxable gross receipts	Tax rate	Gross receipts tax
Enter total of columns D, E and H, this page. * 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.			\$	\$			\$

*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 \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

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	

