

**Tax Information Authorization  
Tax Disclosure**

PLEASE TYPE OR PRINT IN BLACK INK

\*Required Fields (If the required fields are not complete this form is VOID and the taxpayer(s) information will not be shared.)

This form will expire one, two, or three years (as selected below) from the date that this tax information authorization tax disclosure form has been signed by the authorizing individual listed below. If your authorized representative changes before that, notify the Department.

Taxpayer Information					
Name(s)*			Tax Identification Number(s)*		Reporting Period(s)* Tax Year(s): _____ Starting Period: _____ Ending Period: _____  Effective For* <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years
DBA Name(s) (if applicable)			SSN:		
Mailing Address*			SPOUSE SSN:		
City*			State*		Zip Code*
Telephone Number*			FEIN:		Tax Program(s)* <input type="checkbox"/> All State Taxes <input type="checkbox"/> Personal Income Tax <input type="checkbox"/> Fiduciary Income Tax <input type="checkbox"/> Corporate Income Tax <input type="checkbox"/> Oil and Gas Taxes <input type="checkbox"/> Other: _____
E-mail Address			NM ID:		
Fax Number			Tax Program(s)*		
			<input type="checkbox"/> All State Taxes <input type="checkbox"/> Personal Income Tax <input type="checkbox"/> Fiduciary Income Tax <input type="checkbox"/> Corporate Income Tax <input type="checkbox"/> Oil and Gas Taxes <input type="checkbox"/> Other: _____		
			Combined Reporting System (CRS) <input type="checkbox"/> Gross Receipts Tax <input type="checkbox"/> Compensating Tax <input type="checkbox"/> Withholding Tax		

Authorized Representative(s) Information					
Individual Representative's Name*			Additional Individual Representative's Name		
Mailing Address*			Mailing Address		
City*		State*	Zip Code*	City	State
				Zip Code	
Telephone Number*			Telephone Number		
E-mail Address			E-mail Address		
Fax Number			Fax Number		

Authorizing Signature(s)

**By signing below, I acknowledge that the authorized individual representative(s) listed above have the authority to receive Federal and State confidential information on behalf of the taxpayer listed above in tax matters related to this form per NMSA 1978, § 7-1-8 and 26 U.S.C. § 6103.**

By checking this box, I (the taxpayer) am authorizing the New Mexico Taxation and Revenue Department Secretary or Secretary's delegate, to use facsimile, e-mail, or both. I understand that the fax numbers and e-mail addresses above will be used when providing confidential information.

Printed Name\* \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Signature\* \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

♦For taxpayers authorizing the Department to disclose return information for a married filing joint personal income tax return, both taxpayers must sign this form.

♦For a business or estate this form must be signed by a corporate officer, partner, or fiduciary who has been previously identified as such to the Department.

**This form can be submitted at any of the district offices listed below:**

Taxation and Revenue Department 1200 South St Francis Dr PO Box 5374 Santa Fe, NM 87502-5374 (505) 827-0951	Taxation and Revenue Department Bank of the West Building 5301 Central Ave. NE PO Box 8485 Albuquerque, NM 87198-8485 (505) 841-6200	Taxation and Revenue Department 2540 El Paseo, Bldg. #2 PO Box 607 Las Cruces, NM 88004-0607 (575) 524-6225	Taxation and Revenue Department 3501 E. Main St., Suite N PO Box 479 Farmington, NM 87499-0479 (505) 325-5049	Taxation and Revenue Department 400 N Pennsylvania Ave, Suite 200 PO Box 1557 Roswell, NM 88202-1557 (575) 624-6065
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**Please fax to (505) 841-6327, Attention: Business Registration Unit.** If you have any questions, please contact the call center at 1 (866) 285-2996