

STATE OF NEW MEXICO - TAXATION AND REVENUE DEPARTMENT  
**BUSINESS TAX REGISTRATION UPDATE**  
PLEASE TYPE OR PRINT IN BLACK INK - Instructions on reverse

**CURRENT INFORMATION**

1. New Mexico Taxation and Revenue Department Identification Number (NM TRD ID#) **0** - - - - - **00** - - - - -  
2. Federal Employer Identification Number: (FEIN) - - - - - - - - - -

3. Business Name \_\_\_\_\_ 4. DBA ( If applicable) \_\_\_\_\_

**NEW INFORMATION**  
**FILL IN THOSE BOXES BELOW FOR WHICH A CHANGE IS BEING REPORTED**

5.  Change the business registration status to: ACTIVE/CLOSED (Circle one)  
Effective Date: / /  
6.  Change the Business Start Date to: / /  
(Note: When ownership has changed a new NM TRD ID# must be obtained)

7. Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Business Phone Number ( ) Ext. \_\_\_\_\_ Other Phone Number ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Business Location Address (not a PO Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Add other physical location (Attach additional pages if necessary) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

8. Will business pay wages to employees in New Mexico?  
Yes  No   
9. Workers Compensation Fee?  ADD  DELETE Effective Date: \_\_\_\_\_

10. Seasonal Businesses Only - Change the business season to: Season Start Month \_\_\_\_\_ Season End Month \_\_\_\_\_  
11. Change the CRS Filing Status to:  MONTHLY  QUARTERLY  SEMI-ANNUALLY  
(NOTE: Please review the filing status requirements on reverse before requesting a change.)

12. Primary type of business in New Mexico (Check all that apply)  
ADD DELETE ADD DELETE  
 Accommodation, Food Services, and Drinking Places  
 Administration and Support Services and Waste Management and Remediation Services  
 Agriculture, Forestry, Fishing and Hunting  
 Arts, Entertainment and Resource Management  
 Construction  
 Educational Services  
 Finance and Insurance  
 Government  
 Health Care and Social Assistance  
 Manufacturing  
 Mining and Oil and Gas Extraction  
 Professional, Scientific and Technical Services  
 Real Estate and Leasing of Real Property  
 Rental and Leasing of Tangible Personal Property  
 Retail Trade  
 Transportation and Warehousing  
 Utilities  
 Wholesale trade  
 Other Services

13. Give a brief description of nature of business \_\_\_\_\_

14. Federal Employer Identification Number (FEIN) \_\_\_\_\_  ADD  DELETE

15. Liquor License Type/No. : \_\_\_\_\_  
 ADD  DELETE  CHANGE

16. Public Regulation Comm. No. : \_\_\_\_\_  
 ADD  DELETE  CHANGE

17. RLD Contractor's License No. : \_\_\_\_\_  
 ADD  DELETE  CHANGE

18. Special Tax Registration Information - Only update if a change is necessary.  
Note: A Special Tax Registration must be completed when adding an activity below.  
Gasoline Sales  ADD  DELETE Severing Natural Resources  ADD  DELETE  
Special Fuels  ADD  DELETE Processing Natural Resources  ADD  DELETE  
Cigarette Sales  ADD  DELETE Water Producer  ADD  DELETE  
Tobacco Products  ADD  DELETE Gaming Activities  ADD  DELETE

19.  Are you closing a business? You may want to request a Letter of Good Standing or a Certificate of No Tax Due. See instructions on the back of this form.

20. Before updating Owners / Partners / Corporate Officers / Association Members / Shareholders information below, please see the instructions on the reverse side of this form.  
(Attach additional pages if necessary)  
# 1  Add  Change  Delete # 2  Add  Change  Delete  
SSN \_\_\_\_\_  
NAME & TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE & E-MAIL \_\_\_\_\_

21. I declare that the information reported on this form and any supplemental page(s) is true and correct.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_