

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								0.0818575														
					01-123								0.0818575														
													0.0818575														
TOTAL COLUMNS D, E and H. *See instructions for column B.						\$		\$		<b>TOTAL GROSS RECEIPTS TAX</b>		1															
<b>Payment made by:</b> <input type="checkbox"/> <b>Automated Clearinghouse Deposit</b> <b>Date</b> _____											<b>COMPENSATING TAX</b>		2														
<input type="checkbox"/> <b>Federal Wire Transfer</b> <b>Date</b> _____											<b>WITHHOLDING TAX</b>		3														
<b>Check if applicable:</b> <input type="checkbox"/> <b>Amended Report</b>											<b>TOTAL TAX DUE</b>		4														
TAX PERIOD <table style="display:inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td></tr></table> through <table style="display:inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td></tr></table>														Month	Day	Year				Month	Day	Year	<b>PENALTY</b> If filed after 9/25/08		5		
Month	Day	Year																									
Month	Day	Year																									
Print Name _____ NM CRS ID No. _____ Phone No. _____											<b>INTEREST</b> If filed after 9/25/08		6														
Signature of Taxpayer or Agent _____ Title _____ Date _____											<b>TOTAL AMOUNT DUE</b>		7														

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

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