

**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 expires one year from the date of the authorizing signature. If your authorized representative changes before that, notify the Department.

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

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 New Mexico 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.**

**NOTE:**

\*For taxpayers authorizing the Department to disclose New Mexico return or 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 Taxation and Revenue Department.

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

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

Title \_\_\_\_\_

Title \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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, to provide the requested state and federal confidential information available on the taxpayer's New Mexico tax return to the taxpayer or the taxpayer's authorized individual representative listed on this form. I understand that the fax numbers and e-mail addresses above will be used when providing the New Mexico confidential information.

**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  
Fax (505) 827-9876

Taxation and Revenue Department  
Bank of the West Building  
5301 Central Ave. NE  
PO Box 8485  
Albuquerque, NM 87198-8485  
(505) 841-6200  
Fax (505) 841-6326

Taxation and Revenue Department  
2540 El Paseo, Bldg. #2  
PO Box 607  
Las Cruces, NM 88004-0607  
(575) 524-6225  
Fax (575) 524-6224

Taxation and Revenue Department  
3501 E. Main St., Suite N  
PO Box 479  
Farmington, NM 87499-0479  
(505) 325-5049  
Fax (505) 599-9703

Taxation and Revenue Department  
400 N Pennsylvania Ave, Suite 200  
PO Box 1557  
Roswell, NM 88202-1557  
(575) 624-6065  
Fax (575) 624-6070