

State of New Mexico - Taxation and Revenue Department
TAX INFORMATION AUTHORIZATION

Business Name	New Mexico ID Number
Name	Social Security Number
Address	Telephone Number

Hereby authorizes _____

Address: _____ Telephone Number: _____

to represent me and/or my business pertaining to taxes administered by the New Mexico Taxation and Revenue Department.*

IF IRS INFORMATION IS INVOLVED, BE SURE TO OBTAIN FORM 2848 OR FORM 8821, AS APPLICABLE.

CHECK ALL ITEMS THAT APPLY		
<input type="checkbox"/> all state taxes	FOR	<input type="checkbox"/> any year
<input type="checkbox"/> CRS taxes		OR
<input type="checkbox"/> income taxes		<input type="checkbox"/> specify specific year(s) _____
<input type="checkbox"/> specify others _____		_____

I certify that I have the authority to execute this tax information authorization.**

Signature Title Date

Signature Title Date

* The taxpayer may limit the scope of this authorization by specifying the particular information or tax types to be handled by the authorized person.

** For joint returns, both taxpayers must sign. If not signed by the taxpayer, signature must be that of a corporate officer, partner, or fiduciary on behalf of the taxpayer.