

State of New Mexico - Taxation and Revenue Department

TAX INFORMATION AUTHORIZATION

<input type="checkbox"/> Taxpayer Name <input type="checkbox"/> Business Name	<input type="checkbox"/> NM ID <input type="checkbox"/> SSN <input type="checkbox"/> FEIN <input type="checkbox"/> EIN	
<input type="checkbox"/> Taxpayer Address <input type="checkbox"/> Business Address	Telephone Number	
City	State	Zip Code

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"/> CRS taxes	any year
<input type="checkbox"/> income taxes	OR
<input type="checkbox"/> specify others _____	<input type="checkbox"/> specify specific year(s) _____

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

_____ Print Name	_____ 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.