

New Mexico Taxation and Revenue Department
Tax Information Authorization
Tax Disclosure
PLEASE TYPE OR PRINT IN BLACK INK

This form will expire one, two, or three years (as selected below) from the date that this *Tax Information Authorization Tax Disclosure* form has been signed by the authorizing individual listed below. If your authorized representative changes before that, notify the Department.

Section I: Taxpayer Information					
*Required Fields (If the required fields are not complete this form is VOID and the taxpayer(s) information will not be shared.)					
Names(s)*		Tax Identification Number(s)*		Reporting Period(s)*	
DBA Name(s)(if applicable)		SSN: _ _ - _ - _ _ _		Tax Year(s): _____	
Mailing Address* (If the address is new or changed, mark this box <input type="checkbox"/>)		Spouse SSN: _ _ - _ - _ _ _		Starting Period: _____	
City*		FEIN: _ _ - _ _ _ _ _		Ending Period: _____	
State*		NMBTIN: _ _ - _ _ _ _ _		Effective for:	
Zip Code*				<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year	
Telephone Number ()		Tax Program(s)*		<input type="checkbox"/> All Business Taxes	
E-mail Address		<input type="checkbox"/> All State Taxes		<input type="checkbox"/> Gross Receipts Tax ¹	
Fax Number		<input type="checkbox"/> Personal Income Tax		<input type="checkbox"/> Compensating Tax	
		<input type="checkbox"/> Fiduciary Income Tax		<input type="checkbox"/> Withholding Tax ²	
		<input type="checkbox"/> Corporate Income Tax		<input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Oil and Gas Taxes		<small>¹Includes: Gross Receipts, Governmental Gross Receipts, Interstate Telecommunications Gross Receipts, and Lease Vehicle Gross Receipts Tax</small>	
		<input type="checkbox"/> Other: _____		<small>²Includes Wage and Non-wage Withholding Tax</small>	
Section II: Authorized Representative(s) Information					
Individual Representative's Name*			Additional Individual Representative's Name		
RECORDS DEPOSITION SERVICE, INC.					
Mailing Address*			Mailing Address		
PO BOX 5054					
City*	State*	Zip Code*	City	State	Zip Code
SOUTHFIELD	MI	48086-5054			
Telephone Number*			Telephone Number		
(248) 357-3330			()		
E-mail Address			E-mail Address		
INFO@RECDEP.COM					
Fax Number			Fax Number		
(248) 357-3337					
Authorizing Signature(s)					
By signing below, I acknowledge that the authorized individual representative(s) listed above have the authority to receive Federal and State 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.					
<input type="checkbox"/> 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. I understand that the fax numbers and e-mail addresses above will be used when providing confidential information.					
Printed Name*			Printed Name		
Title			Title		
Signature*		Date*	Signature		Date
<ul style="list-style-type: none"> For taxpayers authorizing the Department to disclose 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 Department. 					

If you need assistance completing this form contact the call center at 1-866-285-2996. This form can be submitted at any of the district offices listed below, by mail, or by fax.:

Santa Fe
1200 South St Francis Dr
Santa Fe, NM 87502-5374

Albuquerque
10500 Copper Pointe Ave
Albuquerque, NM 87198-8485

Las Cruces
2540 El Paseo, Bldg. #2
Las Cruces, NM 88004-0607

Farmington
3501 E. Main St., Suite N
Farmington, NM 87499-0479

Roswell
400 N Pennsylvania Ave
Suite 200
Roswell, NM 88202-1557