



STATE OF NEW MEXICO  
Taxation and Revenue Department

Audit and Compliance Division  
5301 Central NE – 3<sup>rd</sup> Floor  
P.O. Box 8485  
Albuquerque, NM 87198-8485



Michelle Lujan  
Grisham  
Governor

Re: Rio Grande Arts & Crafts Festival- Spring Show

Expo NM

Date of Event: March 8-10, 2019

Dear Vendor:

Section 7-9-3.5, NMSA 1978 provides that any vendor engaged in the sale of goods and/or services in New Mexico is subject to Gross Receipts Tax. The current New Mexico Gross Receipts Tax Rate:

**State Fairgrounds (Expo NM) is rate: 6.4375%**

The Gross Receipts Tax should be remitted directly to the New Mexico Taxation and Revenue Department no later than the **25<sup>th</sup> of Month following Event, Year.**

For those **vendors** who wish to report under **their own** active NM CRS Identification Number, please fill out **only** the form below and return to the TRD address above.

Failure to comply with the tax laws may result in collection activity such as a provisional tax assessment, tax liens, and tax levy pursuant to Sections 7-1-17, 7-1-31 and 7-1-38, NMSA 1978.

For more information, visit our website at <http://www.tax.newmexico.gov/Pages/TRD-Homepage.aspx> or contact **David Trujillo (505) 841-6205**. Thank you for your cooperation!

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Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

NEW MEXICO CRS ID NUMBER \_\_\_\_\_

CRS PAYMENT AMOUNT \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

Sign the return and make check payable to Taxation and Revenue Department.

Due date: 25th of month following end of report period.

Mail This Copy With Payment To:

NM Taxation and Revenue Department,  
P.O. Box 8485, Albuquerque, NM 87198-8485

COMBINED REPORT FORM, CRS-1      Rio Grande Arts & Crafts Festival- Spring Show  
March 8-10, 2019      Expo NM

NAME	Dist B Special Events 2018/ 2019
STREET/BOX	P O Box 8485
CITY, STATE, ZIP	Albuquerque NM 87198

NEW MEXICO CRS ID NO. →	03-409456-00-3
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Mail TO: Taxation and Revenue Department, P.O. Box 8485, Albuquerque, NM 87198-8485

DEPT. USE LATE FILE	DEPT. USE ONLY	

DEPT. USE ONLY  
Do not write in this area


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
	State Fairgrounds				02-555								6.4375%		
TOTAL COLUMNS D, E & H						\$		\$		TOTAL GROSS RECEIPTS TAX			1		
*See instructions for column B										COMPENSATING TAX			2		
Payment made by: <input type="checkbox"/> Automated Clearinghouse Deposit      Date _____										WITHHOLDING TAX			3		
<input type="checkbox"/> Federal Wire Transfer      Date _____										TOTAL TAX DUE			4		
Check if applicable: <input type="checkbox"/> Amended Report										PENALTY			5		
TAX PERIOD      03   01   2019 through 03   31   2019										INTEREST			6		
										TOTAL AMOUNT DUE			7		

Print Name \_\_\_\_\_ NM CRS ID No. 03-409456-00-3      Phone: \_\_\_\_\_

Signature of Taxpayer or Agent \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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.

NAME OF EVENT: **Rio Grande Arts & Crafts Festival  
Spring Show**  
March 8-10, 2019 Exdo NM

NEW MEXICO  
CRS ID NO.  03-409456-00-0

**Due date: 25th of month following end of report period**

**Taxpayer Copy - keep this page as part of your records.**

**COMBINED REPORT FORM, CRS-1**

**Rio Grande Arts & Crafts Festival- Spring Show**

March 8-10, 2019

Expo NM

NAME  
STREET/BOX  
CITY, STATE, ZIP  
Dist B Special Events 2018/ 2019  
P O Box 8485  
Albuquerque NM 87198

NEW MEXICO  
CRS ID NO.  03-409456-00-3

Mail TO: Taxation and Revenue Department, P.O. Box 8485, Albuquerque, NM 87198-8485

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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
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TOTAL COLUMNS D, E & H *See instructions for column B			\$	\$	TOTAL GROSS RECEIPTS TAX	1	
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Signature of Taxpayer or Agent \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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.