



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



Susana Martinez  
Governor

Re: Rio Grande Arts & Crafts Festival – Holiday Show

Expo NM

Date of Event: November 23-25, 2018

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, 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 -  
Holiday Show**

November 23-25, 2018 Expo NM

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

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

<b>DEPT. USE LATE FILE</b>	<b>DEPT. USE ONLY</b>	

**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 *See instructions for column B						\$		\$		TOTAL GROSS RECEIPTS TAX			1		
Payment made by: <input type="checkbox"/> Automated Clearinghouse Deposit    Date _____											COMPENSATING TAX		2		
<input type="checkbox"/> Federal Wire Transfer    Date _____											WITHHOLDING TAX		3		
Check if applicable: <input type="checkbox"/> Amended Report											TOTAL TAX DUE		4		
TAX PERIOD    11   01   2018 through 11   30   2018											PENALTY		5		
											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 – Holiday Show**  
 November 23-25, 2018 Expo 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 - Holiday Show**  
 November 23-25, 2018 Expo NM

NAME  
 STREET/BOX  
 CITY, STATE, ZIP

Dist B Special Events 2018/ 2019  
 P O Box 8485  
 Albuquerque NM 87198

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<input type="checkbox"/> Federal Wire Transfer Date _____											WITHHOLDING TAX		3		
Check if applicable: <input type="checkbox"/> Amended Report											TOTAL TAX DUE		4		
TAX PERIOD <input type="text" value="11"/> <input type="text" value="01"/> <input type="text" value="2018"/> through <input type="text" value="11"/> <input type="text" value="30"/> <input type="text" value="2018"/>											PENALTY		5		
											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.*