

New Mexico Taxation and Revenue Department

Tax Information Authorization

Tax Disclosure

PLEASE TYPE OR PRINT IN BLACK INK

This form will expire three years 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, submit a new form to notify the Department.

Check one (Required): New Update Revoke Revoke All

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.)

Name(s)*			A. Tax Identification Number(s)*		B. Reporting Period(s)*	
DBA Name(s) (If applicable)			SSN: _____		<input type="checkbox"/> All tax periods, or	
Mailing Address* (If the address is new or changed, mark this box <input type="checkbox"/>)			Spouse SSN: _____		Specify:	
			FEIN: _____		Tax Year(s): _____	
			NMBTIN: _____		Starting Period: _____	
					Ending Period: _____	
City*		State*	Zip Code*		C. Tax Program(s)*	
					<input type="checkbox"/> All State Taxes	
Telephone Number ()					<input type="checkbox"/> Personal Income Tax	
E-mail Address					<input type="checkbox"/> Gross Receipts Tax	
Fax Number ()					<input type="checkbox"/> Wage Withholding Tax	
					<input type="checkbox"/> Cannabis Excise Tax	
					<input type="checkbox"/> Compensating Tax	
					<input type="checkbox"/> Corporate Income Tax	
					<input type="checkbox"/> Fiduciary Income Tax	
					<input type="checkbox"/> Governmental Gross Receipts Tax	
					<input type="checkbox"/> Interstate Telecommunications Gross Receipts Tax	
					<input type="checkbox"/> Leased Vehicle Gross Receipts Tax and Surcharge	
					<input type="checkbox"/> Non-wage Withholding Tax	
					<input type="checkbox"/> Oil and Gas Tax	
					<input type="checkbox"/> Other: _____	

Section II: Authorized Representative Information

Individual Representative's Name*			TAP Logon (If applicable)		
Mailing Address*			Telephone Number*		Fax Number
			()		()
City*		State*	Zip Code*		E-Mail Address*

Section III: Information Authorization

Check all that apply

- A. Authorization to disclose tax information. The Department is authorized to disclose confidential tax information on file to the above-designated individual or firm.
- B. Authorization of third-party representative to access Taxpayer Access Point (TAP). The taxpayer authorizes the above-designated individual to access TAP on their behalf. TAP discloses confidential tax information on file with the Taxation and Revenue Department. TAP allows for the submission of returns, payments, and refund requests.
- C. Designation of third-party representative. The Department is notified that the above-designated individual or firm has been authorized to represent the taxpayer(s) before the Taxation and Revenue Department. The representative is authorized to perform all authorized acts that the taxpayer(s) can perform for the designated tax programs and tax periods, except for acts that only an individual admitted and licensed as a qualified representative in New Mexico can perform.
- D. Designation of qualified representative. The Department is notified that the above-designated individual or firm has been authorized and is qualified to represent the taxpayer(s) before the Taxation and Revenue Department in a protest or administrative hearing.
 - i. Designation type: _____
 - ii. License/Enrollment Number: _____
 - iii. State of Jurisdiction: _____

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. By signing below, 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

- 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.