ACD 31098
Rev. 9-2015

New Mexico Taxation and Revenue Department
P.O Box 5557
Santa Fe, New Mexico 87502-5557
www.tax.newmexico.gov/

NONTAXABLE TRANSACTION CERTIFICATE REPORT

Taxpayer Access Point (TAP) for NTTCs The Department has upgraded the TAP system to allow for the request and execution of NTTCs. The Department encourages all taxpayers to use TAP to apply for, execute, record, and request additional NTTCs online at https://tap.state.nm.us.

IF YOU DO NOT HAVE INTERNET ACCESS: Complete this report and mail to the address above.

NOTE: You may reorder additional NTTCs **ONLY** after your executed NTTCs have been recorded with the Department. To record your executed NTTCs, submit the *Nontaxable Transaction Certificate Report or record them online.*

EXECUTED BY:

(Your business information)

Your NM CRSID#: _____ Telephone: _____ Contact Person: (please print) _____

Buyer/Lesse Name

Address | City | State | Country | Zip

EXECUTED TO:

(Complete all fields below)

Certificate Number: ___-___ ___ ___ ___ ___ ___ ___-___ ___-___ ___ ___ ___ ___ ___
Date Executed: ___ ___ / ___ ___ / ___ ___ ___ ___
Seller/Lessor New Mexico CRS ID#: 0___-___ ___ ___ ___ ___ ___ ___-00-___
FEIN / SSN / ID:
(only is Seller/Lessor Out-of-State _____

Seller/Lessor Name: Williams-Sonoma DTC, Inc. / Williams-Sonoma Stores, Inc.
Address: 3250 Van Ness Avenue
City: San Francisco State: CA
Country: United States Zip: 94109

Certificate Number: ___-___ ___ ___ ___ ___ ___ ___-___ ___-___ ___ ___ ___ ___ ___
___
Date Executed: ___ ___ / ___ ___ / ___ ___ ___ ___
Seller/Lessor New Mexico CRS ID#: 0___-___ ___ ___ ___ ___ ___ ___-00-___
FEIN / SSN / ID:
(only is Seller/Lessor Out-of-State _____

Seller/Lessor Name: _____
Address: _____
City: _____ State: _____
Country: _____ Zip: _____

Certificate Number: ___-___ ___ ___ ___ ___ ___ ___-___ ___-___ ___ ___ ___ ___ ___
Date Executed: ___ ___ / ___ ___ / ___ ___ ___ ___
Seller/Lessor New Mexico CRS ID#: 0___-___ ___ ___ ___ ___ ___ ___-00-___
FEIN / SSN / ID:
(only is Seller/Lessor Out-of-State _____

Seller/Lessor Name: _____
Address: _____
City: _____ State: _____
Country: _____ Zip: _____

Certificate Number: ___-___ ___ ___ ___ ___ ___ ___-___ ___-___ ___ ___ ___ ___ ___
Date Executed: ___ ___ / ___ ___ / ___ ___ ___ ___
Seller/Lessor New Mexico CRS ID#: 0___-___ ___ ___ ___ ___ ___ ___-00-___
FEIN / SSN / ID:
(only is Seller/Lessor Out-of-State _____

Seller/Lessor Name: _____
Address: _____
City: _____ State: _____
Country: _____ Zip: _____

Certificate Number: ___-___ ___ ___ ___ ___ ___ ___-___ ___-___ ___ ___ ___ ___ ___
Date Executed: ___ ___ / ___ ___ / ___ ___ ___ ___
Seller/Lessor New Mexico CRS ID#: 0___-___ ___ ___ ___ ___ ___ ___-00-___
FEIN / SSN / ID:
(only is Seller/Lessor Out-of-State _____

Seller/Lessor Name: _____
Address: _____
City: _____ State: _____
Country: _____ Zip: _____