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: REJUVENATION
Address: 2550 NW Nicolai Street
City: PORTLAND State: OR
Country: United States Zip: 97210

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: __ __ / __ __ / __ __ __ __
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Country: _____ Zip: _____