

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: ____-____-____-____	Seller/Lessor Name: _____
Date Executed: ____/____/____	Address: _____
Seller/Lessor New Mexico CRS ID#: 0 ____-____-00-____	City: _____ State: _____
FEIN / SSN / ID: _____	Country: _____ Zip: _____
(only is Seller/Lessor Out-of-State _____)	

Certificate Number: ____-____-____-____	Seller/Lessor Name: _____
Date Executed: ____/____/____	Address: _____
Seller/Lessor New Mexico CRS ID#: 0 ____-____-00-____	City: _____ State: _____
FEIN / SSN / ID: _____	Country: _____ Zip: _____
(only is Seller/Lessor Out-of-State _____)	

Certificate Number: ____-____-____-____	Seller/Lessor Name: _____
Date Executed: ____/____/____	Address: _____
Seller/Lessor New Mexico CRS ID#: 0 ____-____-00-____	City: _____ State: _____
FEIN / SSN / ID: _____	Country: _____ Zip: _____
(only is Seller/Lessor Out-of-State _____)	

Certificate Number: ____-____-____-____	Seller/Lessor Name: _____
Date Executed: ____/____/____	Address: _____
Seller/Lessor New Mexico CRS ID#: 0 ____-____-00-____	City: _____ State: _____
FEIN / SSN / ID: _____	Country: _____ Zip: _____
(only is Seller/Lessor Out-of-State _____)	

Certificate Number: ____-____-____-____	Seller/Lessor Name: _____
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