

Tax Information Authorization

Tax Disclosure

PLEASE TYPE OR PRINT IN BLACK INK

*Required Fields (If the required fields are not complete this form is VOID and the taxpayer(s) information will not be shared.)

This form will expire one, two, or three years (as selected below) 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 before that, notify the Department.

Taxpayer Information					
Name(s)*		Tax Identification Number(s)*		Reporting Period(s)*	
DBA Name(s) (if applicable)		SSN: _____		Tax Year(s): _____	
Mailing Address*		SPOUSE SSN: _____		Starting Period: _____	
City*		FEIN: _____		Ending Period: _____	
State*		NM ID: _____		Effective For*	
Zip Code*		Tax Program(s)*		<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	
Telephone Number*		<input type="checkbox"/> All State Taxes		Combined Reporting System (CRS)	
E-mail Address		<input type="checkbox"/> Personal Income Tax		<input type="checkbox"/> Gross Receipts Tax	
Fax Number		<input type="checkbox"/> Fiduciary Income Tax		<input type="checkbox"/> Compensating Tax	
		<input type="checkbox"/> Corporate Income Tax		<input type="checkbox"/> Withholding Tax	
		<input type="checkbox"/> Oil and Gas Taxes			
		<input type="checkbox"/> Other: _____			

Authorized Representative(s) Information					
Individual Representative's Name*			Additional Individual Representative's Name		
Compupay, Inc., dba BenefitMall Attn:Sue Larocca					
Mailing Address*			Mailing Address		
3450 Lakeside Drive, Suite 400					
City*	State*	Zip Code*	City	State	Zip Code
Miramar	FL	33027			
Telephone Number*			Telephone Number		
(954) 874-4800			()		
E-mail Address			E-mail Address		
Sue.Larocca-tax@benefitmall.com					
Fax Number			Fax Number		
954-874-0582					

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 checking this box, 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.

This form can be submitted at any of the district offices listed below:

Taxation and Revenue Department 1200 South St Francis Dr PO Box 5374 Santa Fe, NM 87502-5374 (505) 827-0951	Taxation and Revenue Department Bank of the West Building 5301 Central Ave. NE PO Box 8485 Albuquerque, NM 87198-8485 (505) 841-6200	Taxation and Revenue Department 2540 El Paseo, Bldg. #2 PO Box 607 Las Cruces, NM 88004-0607 (575) 524-6225	Taxation and Revenue Department 3501 E. Main St., Suite N PO Box 479 Farmington, NM 87499-0479 (505) 325-5049	Taxation and Revenue Department 400 N Pennsylvania Ave, Suite 200 PO Box 1557 Roswell, NM 88202-1557 (575) 624-6065
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Please fax to (505) 841-6327, Attention: Business Registration Unit. If you have any questions, please contact the call center at 1 (866) 285-2996