

State of New Mexico - Taxation and Revenue Department

**INVESTMENT CREDIT CLAIM FORM**

Requesting application of approved investment credits to the attached form.

**INSTRUCTIONS FOR USING THIS FORM:** When claiming an approved investment credit, this claim form must accompany the CRS-1 or PTE return to which the taxpayer wishes to apply the credit. Use the worksheet below to calculate the maximum amount of approved Investment Credit that may be applied to this reporting period. Any amount of credit not claimed for a reporting period may be claimed in subsequent reporting periods.

You may apply this credit when you file your return online. Sign into Taxpayer Access Point (TAP) at <https://tap.state.nm.us>, and follow the prompts to attach this form. To claim the credit by mail, attach this form and any applicable payments to the CRS-1 or PTE tax return on which you wish to apply the credit, and mail to the address on the return. For CRS-1 assistance call 505-476-3683 or for PTE assistance call 505-827-0825.

**WORKSHEET**

- |   |          |
|---|----------|
| A. Enter the total of all taxable gross receipts reported (Column F of the CRS-1)       | A. _____ |
| B. Multiply Line A amount by 5.125 percent and enter the amount here                    | B. _____ |
| C. Enter the compensating tax reported (Line 2 of the CRS-1)                            | C. _____ |
| D. Enter the withholding tax reported (Line 3 of the CRS-1 or Line 5 of the PTE return) | D. _____ |
| E. Enter the sum of Lines B, C and D  | E. _____ |
| F. Multiply Line E by 85%*  | F. _____ |

**\*This is the maximum amount of investment credit that can be applied to this reporting period.**

**Business Name** \_\_\_\_\_ **Approval Number** \_\_\_\_\_

**TAXPAYER IDENTIFICATION NUMBER**

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**CHECK ONE**

- ☐ CRS-1 Form  
☐ PTE Form

**FOR REPORT PERIOD**

			through			
Month	Day	Year		Month	Day	Year

**AMOUNT OF INVESTMENT CREDIT TO BE APPLIED**

\$ 

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\*Enter same report period as indicated on the CRS-1 form to which you wish to claim this credit.

I declare that I have examined this form including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_