RPD-41364 Rev. 06/21/2011

## State of New Mexico - Taxation and Revenue Department

## Notice of Distribution of Alternative Energy Product ManufacturersTax Credit

Purpose of this Form.

Form RPD-41364, *Notice of Distribution of Alternative Energy Product Manufacturers Tax Credit*, must be used to report to the New Mexico Taxation and Revenue Department (TRD) a transfer of approved alternative energy product manufacturers tax credit from a pass-through entity (PTE) to an owner, member or partner. This notice must be signed by the PTE or the authorized representative of the PTE who has been approved for the alternative energy product manufacturers tax credit. The PTE must have a TRD approved Form RPD-41330, *Application for Alternative Energy Product Manufacturers Tax Credit*, before using this Form RPD-41364 to report a transfer.

Mail to New Mexico Taxation and Revenue Department, PIT Edit Error, P.O. Box 5418, Santa Fe, New Mexico 87502-5418. For assistance completing this form, call (505) 476-3683.

| Alternative energy product manufacturers tax credit transferred: |   |                       |                      |                  |  |                       |                  |  |
|--|---|-----------------------|----------------------|------------------|--|-----------------------|------------------|--|
| Credit number of PTE:  |   | Date of the transfer: |                      |                  | Amount of alternative energy product manufacturers tax credit transferred: |                       |                  |  |
| Transferred from:  |   |                       |                      |                  |  |                       |                  |  |
| Name of PTE  |   |                       |                      |                  |  | FEIN                  |                  |  |
| Name of contact (if applicable)                                  |   |                       | Phone number         |                  |  | E-mail address        |                  |  |
| Under penalty of perjubelief, it is true, correct                | ury, I certify that I have ex<br>ct and complete. | amined th             | l<br>his form a      | nd attachm       | nents and  | I<br>I to the best of | my knowledge and |  |
| Signature of author representative of the F                      |   | Date                  |                      |                  |  |                       |                  |  |
| Transferred to:  |   |                       |                      |                  |  |                       |                  |  |
| Name of owner, member or   | partner   |                       | CR                   | S identificatio  | on number  | Amount                |                  |  |
| Name of owner, member or   | partner   |                       | CF                   | S identification | on number  | Amount                |                  |  |
| Name of owner, member or   | partner   |                       | CF                   | S identification | on number  | Amount                |                  |  |
| Name of owner, member or   | partner   |                       | CR                   | S identificatio  | on number  | Amount                |                  |  |
| Name of owner, member or   | partner   |                       | CR                   | S identificatio  | on number  | Amount                |                  |  |
| Name of owner, member or partner                                 |   |                       | CRS identification i |                  |  | Amount                |                  |  |
| Name of owner, member or partner                                 |   |                       | CF                   | S identification | on number  | Amount                |                  |  |

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| Name of owner, member or partner | CRS identification number Amount |         |
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