

New Mexico Taxation and Revenue Department
P.O Box 5557
Santa Fe, New Mexico 87502-5557
www.state.nm.us/tax

NONTAXABLE TRANSACTION CERTIFICATE REPORT

NTTC NET: The department has developed NTTC-NET, a paperless system online, to expedite the processing of Nontaxable Transaction Certificates (NTTC). The department encourages all taxpayers to use NTTC-NET to apply for, execute, record, and request additional NTTCs online at www.state.nm.us.

IF YOU DO NOT HAVE ACCESS TO NTTC NET: 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/Lessee Name		

Address	City	State
_____	_____	_____
Country	Zip	
_____	_____	

EXECUTED TO: (Complete all fields below)

Certificate Number: _____	Seller/Lessor Name: Williams-Sonoma DTC, Inc./W-S Stores, Inc.
Date Executed: ____/____/____	Address: 3250 Van Ness Avenue
Seller/Lessor New Mexico CRS ID#: 0____-____-00-	City: San Francisco State: CA
FEIN / SSN / ID: _____ (only if Seller/Lessor Out-of-State)	Country: USA Zip: 94109-1012

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

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

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

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