



## **LODGER'S TAX APPLICATION**

*City of Albuquerque  
Treasury Division  
P.O. Box 17  
Albuquerque, NM 87103  
Ph. 505-768-3446  
Fax 505-768-3447*

**Please fill out all blanks in the application before returning to Treasury**

Please check: Newly Constructed \_\_\_\_\_ or Acquisition of Existing Lodging Establishment \_\_\_\_\_

1. Lodging Establishment's Name (DBA): \_\_\_\_\_
2. Lodging Establishment's Legal Entity Name (i.e. LLC, Corporation, Sole-Proprietor, LLP, Non Profit, Partnership etc.):  
\_\_\_\_\_
3. Lodging Establishment Physical Location: \_\_\_\_\_  
(Street number, Street name, and ZIP code)
4. Start Date of Current Ownership of Lodging Establishment: \_\_\_\_\_
5. State of New Mexico Taxation & Revenue Tax ID Number (CRS-1#): \_\_\_\_\_
6.
  - a. Federal Tax ID Number: \_\_\_\_\_
  - b. New Mexico Public Regulation Commission Number on File: \_\_\_\_\_
  - c. City of Albuquerque's Business Registration Number on File: **BRC #**: \_\_\_\_\_
7. Lodging Establishment's Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
8. Lodging Establishment's Contact Person: \_\_\_\_\_
9. Email Address of Contact Person: \_\_\_\_\_
10. Lodging Establishment's Mailing Name: \_\_\_\_\_
11. Lodging Establishment's Mailing Address: \_\_\_\_\_  
(Street number and Street name)  
\_\_\_\_\_  
(City, State and ZIP Code)
12. Location where business records are maintained (if different from Lodging Establishment's physical premises): \_\_\_\_\_  
Accounting Firm's Name: \_\_\_\_\_  
Controller's Name: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

13. Owner(s) Name(s) Phone number(s) and Address (es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13a. Owner(s) Name(s) Phone number(s) and Address (es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13b. Owner(s) Name(s) Phone number(s) and Address (es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13c. Owner(s) Name(s) Phone number(s) and Address (es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If partnership, list partners. If closely held corporation, list principal stockholders; provide copy of Certificate of Incorporation).

14. Description of facilities: \_\_\_\_\_  
Number of Lodging Rooms: \_\_\_\_\_ Other commercial and residential rentals (i.e. apartments/offices on the Lodging premise): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Describe other facilities furnished by applicant to Lodging guests: \_\_\_\_\_  
\_\_\_\_\_

Check other information below, if applicable, and quantity of each:

Restaurant \_\_\_\_\_ Bar \_\_\_\_\_ Swimming Pool \_\_\_\_\_

16. What portion of business performed is exempt from Lodgers Tax? Please specify.  
\_\_\_\_\_

As per City Ordinances (24-2001, 19,2004) Lodger's and Hospitality tax reports and payments are due on the 25th of each month are to be filed/sent to City of Albuquerque, PO Box 25700, Albuquerque, NM 87125. Payments after the 25<sup>th</sup> shall be considered delinquent; the vendor shall be liable for the tax and a penalty equal to 10% for Lodger's payment and 10% for Hospitality payment thereof or \$100, whichever is greater.

I (we) swear/affirm under penalty of perjury that: the above information is correct to the best of my knowledge; I (we) have received a copy of the Lodgers Tax Ordinance and that I (we) agree to comply with all provisions of this Ordinance. I (we) the owner of the building and operator of the lodging agree to be personally liable and responsible for all taxes.

\_\_\_\_\_  
Signature (s)

\_\_\_\_\_  
Title (s)

\_\_\_\_\_  
Date