

## TAX PREPARER ANNUAL CERTIFICATION OF ACKNOWLEDGEMENT

This certification must be received on or before February 1<sup>st</sup>, 2024 if you provide tax preparation services during calendar year 2024. Submit your completed certification online at cabq.gov/consumer or as a PDF attachment via email to consumer@cabq.gov or by mail to:

Office of Consumer Protection
P.O. Box 1293. Albuquerque. NM 87103

P.O. E	Box 1293, Albu	querque, NM 87103		
Tax I	Preparer Busi	iness Information		
Tax Preparer Business Name	Physical Address			
Daytime Phone	Provide an email address to receive City communications,			
,		including notices of violations: (optional)		
Mailing addres	s (or if same a	s physical address wr	rite "same")	
New Mexico Business Tax Identification Number (BTIN)		Albuquerque Business Registration Number		
(BIN)				
	Tax Preparer			
Please list the name and IRS Preparer Tax Identification Number (PTIN) for each individual who will				
provide tax preparation services at this business d		during the year (atta		
Name			PTIN	
Indiv	idual Signing	this Certification		
Name		Position/Job Title		
By signing below I affirm that I have re Ordinance, Revised Ordinances of Albu	•		_	
good faith with its requirements.	uquerque Sect	ions 13-20-1-1 throu	gn 13-20-1-9 and will comply in	
	uquerque Sect	ions 13-20-1-1 throu		

<sup>&</sup>lt;sup>1</sup> "Providing tax preparation services" means "preparation, advice, assistance in the preparation of, or assumption of final responsibility for another person's preparation of a consumer's federal or state personal income tax return for compensation or valuable consideration in the City of Albuquerque."