

ANGEL INVESTMENT CREDIT

Application

Who must file this form: This application is for a taxpayer who is seeking a credit for a qualified investment made on or after January 1, 2019 through December 31, 2025. This application must be filled out by both the Qualifying Business and the Accredited Investor, see instructions for more information. **Note:** You can apply for the Angel Investment Credit online using our website, please see instructions for more information.

Section I: Application type (select one, see instructions)

Qualifying Business (Section II and Section IV)

BUSINESS/RECIPIENT NAME	FEIN
NAICS CODE	CRS ID NO.
MAILING ADDRESS (NUMBER AND STREET)	STATE, CITY, ZIP
CONTACT NAME	CONTACT PHONE
	CONTACT E-MAIL

Accredited Investor (Section III)

ACCREDITED INVESTOR NAME	FEIN
MAILING ADDRESS (NUMBER AND STREET)	STATE, CITY, ZIP:
CONTACT NAME	CONTACT PHONE
	CONTACT E-MAIL

Section II: Qualifying Business (Complete all applicable fields, see instructions.)

Section A: Qualifying the business

<p>1. Indicate the type of ownership:</p> <p> <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> General Partnership <input type="checkbox"/> LLC or Similar Organization <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Subchapter <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </p>	
<p>2. Is the business registered with the New Mexico Secretary of State or the New Mexico Public Regulation Commission's Corporations Bureau?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>3. Date of incorporation or organization:</p> <p>Month _____ Day _____ Year _____</p>
<p>4. Date business began in New Mexico:</p> <p>Month _____ Day _____ Year _____</p>	<p>5. Has the small business operated under any other name since January 2007?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the name: _____</p>
<p>6. Specify the calendar year you are requesting approval for: _____</p>	
<p>7. What is the Investment Round for the Calendar Year in question 6 and how much do you plan on raising?</p>	
<p>8. Do you anticipate rounds of Angel Investment this calendar year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many? _____</p>	

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Answer the following questions about the small business:	Yes	No
9. Is the small business primarily engaged in or organized as any of the following types of businesses: Credit or finance services, including banks, savings and loan association, credit unions, small loan companies or title loan companies; financial brokering or investment; professional services, including accounting, legal services, engineering and any other service the practice of which requires a license; insurance; real estate; construction or construction contracting; consulting or brokering; mining; wholesale or retail trade; providing utility services, including water, sewerage, electricity, natural gas, propane or butane; publishing, including publishing newspapers or other periodicals; broadcasting; or providing internet operating services?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the small business issued securities registered pursuant to Section 6 of the federal Securities Act of 1933, as amended?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the small business issued securities traded on a national securities exchange?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the small business subject to reporting requirements of the federal Investment Company Act of 1940, as amended, at the time of the investment?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the small business have 100 or fewer employees calculated on a full-time equivalent basis at the time of the investment?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the small business have gross revenues in excess of five million dollars in any fiscal year ending on or before the date of the investment?	<input type="checkbox"/>	<input type="checkbox"/>
15. Describe the principle business activity		
16. Enter the physical address where the qualifying principal activity described in 15. is performed. If the qualifying business activity is performed in more than one location, enter all locations. If more space is needed, include an attached statement. Physical Address _____ Physical Address _____ City _____ City _____ State _____ Zip Code _____ State _____ Zip Code _____ County _____ County _____		
17. Does the small business perform other non-qualifying business activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the other non-qualifying business activities and indicate the address(es) where those activities are performed. If additional space is needed, attach a statement		
18. If the principal business activity that qualifies the small business is performed at a location where other business activities are performed, indicate the address and the percent of the qualifying business activity performed at that location to the total business activities performed at that location. If additional space is needed, attach a statement.		

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19. What is the percent of the qualifying business activity performed everywhere to the total business activities performed everywhere?

Percentage: _____

Describe how the percent of business activity performed, in question 18 and 19 was computed (Example: based on total revenues, number of employees working at the location, square foot of the facility, and etc.)?

20. List all owners/partners/officers/members of the small business and the percent of ownership. Attach additional pages if needed.

Name	FEIN or SSN	Percent Ownership

21. How many jobs have been created by the business to date? _____

22. How many part-time employees do you employ? _____

23. How many full-time employees do you employ? _____

24. What is the annual average wage of your employees? _____

Section B: About the qualifying cash investment received

25. Complete the following for each qualifying cash investment in equity made by an accredited investor. Use an attachment for more than one qualifying cash investment received with this application.

- Amount of cash investment made? _____
- Date the cash investment was received? _____
- Name of the accredited investor _____
- Contact name and phone number of the accredited investor? _____
- What was received by the accredited investor in exchange for the cash investment? If stock, describe the type of stock (for example common or preferred) including any option, how many shares were received, and the official name of the business under which the stock is listed. If you received an interest in the business, please describe.

26. Has the accredited investor or a member of the immediate family or an entity affiliated with the accredited investor received or will receive compensation from the business in exchange for services provided to the qualified business within one year of the investment in the qualified business? If yes, please explain.

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Section III: Investor (Complete all applicable fields, see instructions.)

Section A: Qualifying the investor

27. If the cash investment was made from a trust, IRA or an entity with a federal identification number that is different from the individual completing this form, the name of the accredited investor should reflect the ownership information of the trust, IRA or other entity below. If yes, indicate the type of ownership below. If not, go to step 28

Name of entity: _____ Contact Name (if different): _____

FEIN: _____ Contact Phone: _____

Percent Ownership: _____ Contact E-mail: _____

Mailing Address: _____ City, State, Zip: _____

Indicate the type of ownership:

Corporation Estate General Partnership LLC or Similar Organization

Limited Partnership Subchapter Trust Other: _____

28. Is the investor an accredited investor as defined under the Securities Act of 1933, Rule 501 of Regulation D?

Yes No

If yes, under which definition of accredited investor?

Income of \$200,000 or more per year Income of yourself and spouse is \$300,000 or more per year

Net worth of greater than \$1 million, excluding home A trust of \$5 million or more

Other (Please describe) _____

29. List all owners/partners/officers/members of the investor group and the percent of ownership. Attach additional pages if needed.

Name	FEIN or SSN	Percent of Ownership

Section B: About the qualifying cash investment made (Attachments required, see instructions.)

30. What is the amount of the cash investment?

31. What was the date of the cash investment?
Month _____ Day _____ Year _____

32. If the cash investment was made to a middle party for the sake of investment purpose, such as into a trust, LLC, or an entity with a federal identification number that is different from the individual completing this form, and the entity subsequently made an investment into a qualified company, the name and type of the entity should be stated below. If so, indicate the type of ownership below (The entity will have to fill out a separate Angel Investment Credit Application). If not, go to 33.

Name of entity: _____ Contact Name (if different): _____

FEIN: _____ Contact Phone: _____

Percent Ownership: _____ Contact E-mail: _____

Mailing Address: _____ City, State, Zip: _____

Indicate the type of ownership:

Corporation Estate General Partnership LLC or Similar Organization

Limited Partnership Subchapter Trust Other: _____

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33. Provide the below information about the qualified business to whom the investment was made:

Business Name	CRS Number
Contact Name	Contact Phone Number

34. Describe what was received in exchange for the cash investment? If stock, describe the type of stock (for example common or preferred) including any options, warrants, how many shares were received, and the official name of the business under which the stock is listed. If you received an interest in the business, please describe. Do not include any future obligations from a convertible note. If you received units of an LLC or partnership, please state the number of units and percent ownership following the investment.

35. Have you or a member of your immediate family or an entity affiliated with the accredited investor received or will receive compensation from the business in exchange for services provided to the qualified business within one year of the investment in the qualified business? If yes, please explain

Section IV: Program Effectiveness (Complete all applicable fields, see instructions.)

36. How important a factor was the Angel Investment program in the company's decision to develop the technology, idea, process or application in New Mexico?

Very Important

Important

Not Important

37. How important was the received qualified investment to the success of your company?

Very Important

Important

Not Important

38. Have you received any non-dilutive funding (grants, foundation funds, etc)?

Yes No

If yes, how much?

39. How effective is the Angel Investment Tax Credit?

40. What can we do to improve the program?

41. Please share comments regarding your experience with the Angel Investment program:

Signature required to evaluate for credit

Under penalty of perjury, I declare I have examined this application, including accompanying attachments. To the best of my knowledge and belief this application is true, correct and complete.

Print Name

Signature

Title

Date

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Instructions

New Legislation:

Effective May 20, 2020 under new legislation the review and approval of the Angel Investment Credit has been transferred from the Economic Development Department to the Taxation and Revenue Department.

Purpose of this Application:

Form TRD-41404, Angel Investment Credit Application has been created to replace the Angel Investment Applications previously used by the Economic Development Department. This form needs to be filled out by both the Qualifying Business and the Accredited Investor.

This application is to be used by a taxpayer who files a New Mexico income tax return, is not a dependent of another taxpayer, is an accredited investor and makes a qualified investment. The taxpayer may apply for, and the department may allow, a claim for a credit in an amount not to exceed twenty-five percent (25%) of the qualified investment; provided that a credit for each qualified investment shall not exceed sixty-two thousand five hundred dollars (\$62,500). Accredited investors may claim the angel investment credit for not more than one qualified investment per investment round. A taxpayer may claim the angel investment credit for qualified investments in no more than five qualified businesses per tax year. Any unused angel investment credits may be carried forward for five consecutive years.

A taxpayer may apply for an angel investment credit by submitting a completed application to the Taxation and Revenue Department using the TRD-41404 no later than one year following the end of the calendar year in which the qualified investment is made. A complete application is required by New Mexico Statute, Section 7-2-18 NMSA 1978. Should you need assistance completing this application, please contact the Department

Phone: 1-505-795-1735

E-mail: TRD-BusinessCredit@state.nm.us.

Once the completed forms and attachments have been reviewed and processed and the Department determines the taxpayer to be qualifying business or accredited investor and the investment is a qualified investment, a dated Certificate of Eligibility will be mailed to the address provided.

Apply for the Angel Investment Credit Online:

You can submit your Angel Investment Credit Application online using the Departments website, Taxpayer Access Point (TAP) <https://tap.state.nm.us>. From the TAP homepage, select account type (PIT or FID), click on Apply for Tax Credit, and follow the steps to complete the Angel Investment Credit Application. **NOTE:** You must have a TAP account to apply for the credit online.

Completing the Application:

Complete Section I: Application Type, check the box to indicate if the applicant is a **Qualifying Business** or an **Accredited Investor**. Complete the information applicable to the type of application. If you selected Qualifying Business complete Sections II and IV of the application. If you selected Accredited Investor complete Section III. Both applications types require a signature.

Accredited Investors must submit the following:

- A copy of the most current agreement between the accredited investor and the recipient of the cash investment
- A copy of the accredited investor's wire transfer acknowledgement or cancelled check.

NOTE: To ensure that the application is processed timely be sure to fill out all applicable fields and provide all required documents.

Submitting the Application:

You can fill out and submit this application online see **Apply for the Angel Investment Credit Online**.

You can also submit the completed application by mail:

NM Taxation and Revenue Department
Attn: Business Tax Credits
PO Box 8485
Albuquerque, New Mexico 87198

Important: A copy of the application and supporting documents must to be submitted to the Economic Development Department. Mailing address: Angel Investment Tax Credit Program NM Economic Development Department P.O. Box 20003 Santa Fe, NM 87504. You can contact the Economic Development Department by phone at 1-505-827-0300 or by e-mail at: angel.investment@state.nm.us.

To Claim the Credit:

The taxpayer must attach to the personal income tax return (Form PIT-1) or fiduciary income tax return (Form FID-1) a completed Schedule CR (PIT-CR or FID-CR), RPD-41320, *Angel Investment Credit Claim Form*, and a copy of the Certificate of Eligibility issued by the Taxation and Revenue Department certifying the Angel Investment Credit and approving the taxpayer for the credit. **NOTE:** Failure to submit the required forms and documents outlined above will result in a denial of the credit. For assistance with claiming the credit see the instructions on the RPD-41320, *Angel Investment Claim Form*.