

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1**COMBINED REPORT SYSTEM**

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Jul-2017	through	31-Dec-2017
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

Do not submit a photocopy of these forms to the Department. If additional space is needed, please obtain an original form from your local district office or download the form from our web site at www.tax.newmexico.gov.

A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$82621.00	\$2000.00	\$80621.00	7.5000	\$6046.58

Enter total of columns D, E and H, this page. * See instructions for column B.				\$6046.58
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$6046.58
2	COMPENSATING TAX	\$.00
3	WITHHOLDING TAX	\$.00
4	TOTAL TAX DUE	\$6046.58
5	PENALTY	\$.00
6	INTEREST	\$.00
7	TOTAL AMOUNT DUE	\$6046.58

State of New Mexico - Taxation and Revenue Department

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NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Dec	2017	

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit Date _____
☐ Federal wire transfer Date _____

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---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$878.64
		4	TOTAL TAX DUE	\$878.64
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$878.64
Signature of taxpayer or agent				
Print name		Date		
Title		Phone		
E-mail address				

State of New Mexico - Taxation and Revenue Department

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STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Jan-2018	through	30-Jun-2018
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$144592.22	\$0.00	\$144592.22	7.5000	\$10844.42

Enter total of columns D, E and H, this page. * See instructions for column B.				\$10844.42
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$10844.42
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$0.00
4	TOTAL TAX DUE	\$10844.42
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$10844.42

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
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STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP	ALBUQUERQUE	NM 87111

NEW MEXICO CRS ID NO.	03-373007-00-5
--------------------------	----------------

TAX PERIOD					
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>through 30-Jun-2018</div> </div> </div>					

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

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		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1519.83
		4	TOTAL TAX DUE	\$1519.83
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1519.83

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CRS-1 - LONG FORM PAGE 1
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CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				30-Jun-2018		

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

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Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$557.97
		4	TOTAL TAX DUE	\$557.97
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$557.97
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

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CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Jul-2018	through	31-Dec-2018
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

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Albuquerque	Regular	02100	\$148551.62	\$18925.00	\$129626.62	7.8750	\$10208.10

Enter total of columns D, E and H, this page. * See instructions for column B.				\$10208.10
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$10208.10
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$10208.10
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$10208.10
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

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CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Dec-2018		

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

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---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$3853.95
		4	TOTAL TAX DUE	\$3853.95
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$3853.95

Signature of taxpayer or agent	
Print name	Date
Title	Phone
E-mail address	

State of New Mexico - Taxation and Revenue Department

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NAME	HANNO VENTURES LLC
STREET / BOX	12231 ACADEMY RD. NE #301-173
CITY, STATE, ZIP	ALBUQUERQUE NM 87111

NEW MEXICO CRS ID NO.	03-373007-00-5
--------------------------	----------------

TAX PERIOD					
01-Jan-2019		through	31-Jan-2019		
Month	Day	Year	Month	Day	Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$12474.99	\$5150.00	\$7324.99	7.8750	\$576.84

Enter total of columns D, E and H, this page. * See instructions for column B.				\$576.84
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

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		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$576.84
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$576.84

State of New Mexico - Taxation and Revenue Department

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NAME	HANNO VENTURES LLC
STREET / BOX	12231 ACADEMY RD. NE #301-173
CITY, STATE, ZIP	ALBUQUERQUE NM 87111

NEW MEXICO CRS ID NO.	03-373007-00-5
--------------------------	----------------

TAX PERIOD					
01-Feb-2019		through	28-Feb-2019		
Month	Day	Year	Month	Day	Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$12798.00	\$0.00	\$12798.00	7.8750	\$1007.84

Enter total of columns D, E and H, this page. * See instructions for column B.				\$1007.84
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

<p><i>I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.</i></p> <p>Signature of taxpayer or agent _____</p> <p>Print name _____ Date _____</p> <p>Title _____ Phone _____</p> <p>E-mail address _____</p>		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$1007.84
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$1007.84
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1007.84

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STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Mar-2019	through	31-Mar-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

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Albuquerque	Regular	02100	\$20772.00	\$2000.00	\$18772.00	7.8750	\$1478.30

Enter total of columns D, E and H, this page. * See instructions for column B.				\$1478.30
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$1478.30
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$1478.30
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1478.30
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

State of New Mexico - Taxation and Revenue Department

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STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Mar-2019		

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

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---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1653.19
		4	TOTAL TAX DUE	\$1653.19
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1653.19
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

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STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Apr-2019	through	30-Apr-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

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Albuquerque	Regular	02100	\$13246.60	\$7903.60	\$5343.00	7.8750	\$420.76

Enter total of columns D, E and H, this page. * See instructions for column B.				\$420.76
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$420.76
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$420.76
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$420.76
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

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STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD		
Month Day Year	through	30-Apr-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

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---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$544.59
		4	TOTAL TAX DUE	\$544.59
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$544.59
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

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CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-May-2019	through	31-May-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$39660.20	\$2345.20	\$37315.00	7.8750	\$2938.56

Enter total of columns D, E and H, this page. * See instructions for column B.				\$2938.56
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$2938.56
		2	COMPENSATING TAX	\$.00
		3	WITHHOLDING TAX	\$.00
		4	TOTAL TAX DUE	\$2938.56
		5	PENALTY	\$.00
		6	INTEREST	\$.00
		7	TOTAL AMOUNT DUE	\$2938.56
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-May-2019		

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$501.84
		4	TOTAL TAX DUE	\$501.84
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$501.84

Signature of taxpayer or agent	
Print name	Date
Title	Phone
E-mail address	

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Jun-2019	through	30-Jun-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$1800.00	\$0.00	\$1800.00	7.8750	\$141.75

Enter total of columns D, E and H, this page. * See instructions for column B.				\$141.75
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$141.75
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$0.00
4	TOTAL TAX DUE	\$141.75
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$141.75

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				30-Jun-2019		

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$643.18
		4	TOTAL TAX DUE	\$643.18
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$643.18
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1**COMBINED REPORT SYSTEM**

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Jul-2019	through	31-Jul-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$7650.00	\$2550.00	\$5100.00	7.8750	\$401.63

Enter total of columns D, E and H, this page. * See instructions for column B.				\$401.63
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$401.63
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$0.00
4	TOTAL TAX DUE	\$401.63
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$401.63

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Jul-2019		

Check if applicable: ☐ Amended report

Payment made by:

- ☐
- Automated clearinghouse deposit
-
- ☐
- Federal wire transfer

Date _____
Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$636.12
		4	TOTAL TAX DUE	\$636.12
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$636.12

Signature of taxpayer or agent	
Print name	Date
Title	Phone
E-mail address	

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1**COMBINED REPORT SYSTEM**

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Aug-2019	through	31-Aug-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$11998.00	\$0.00	\$11998.00	7.8750	\$944.84

Enter total of columns D, E and H, this page. * See instructions for column B.				\$944.84
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$944.84
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$944.84
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$944.84

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Aug	2019	

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$765.60
		4	TOTAL TAX DUE	\$765.60
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$765.60
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1**COMBINED REPORT SYSTEM**

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
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NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Sep-2019	through	30-Sep-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

Do not submit a photocopy of these forms to the Department. If additional space is needed, please obtain an original form from your local district office or download the form from our web site at www.tax.newmexico.gov.

A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$18116.02	\$2000.00	\$16116.02	7.8750	\$1269.14

Enter total of columns D, E and H, this page. * See instructions for column B.				\$1269.14
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$1269.14
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$1269.14
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1269.14
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD		
Month Day Year	through	30-Sep-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1620.64
		4	TOTAL TAX DUE	\$1620.64
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1620.64
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
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NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Oct-2019	through	31-Oct-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

Do not submit a photocopy of these forms to the Department. If additional space is needed, please obtain an original form from your local district office or download the form from our web site at www.tax.newmexico.gov.

A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$8870.00	\$0.00	\$8870.00	7.8750	\$698.51

Enter total of columns D, E and H, this page. * See instructions for column B.				\$698.51
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$698.51
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$0.00
4	TOTAL TAX DUE	\$698.51
5	PENALTY	\$13.97
6	INTEREST	\$1.19
7	TOTAL AMOUNT DUE	\$712.67

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
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NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Oct-2019		

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1535.54
		4	TOTAL TAX DUE	\$1535.54
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1535.54
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME	HANNO VENTURES LLC
STREET / BOX	12231 ACADEMY RD. NE #301-173
CITY, STATE, ZIP	ALBUQUERQUE NM 87111

NEW MEXICO
CRS ID NO.

03-373007-00-5

TAX PERIOD

01-Nov-2019

through

30-Nov-2019

Month Day Year

Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

Do not submit a photocopy of these forms to the Department. If additional space is needed, please obtain an original form from your local district office or download the form from our web site at www.tax.newmexico.gov.

A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$5100.00	\$3000.00	\$2100.00	7.8750	\$165.38

Enter total of columns D, E and H, this page. * See instructions for column B.				\$165.38
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$165.38
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$0.00
4	TOTAL TAX DUE	\$165.38
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$165.38

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

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NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				30-Nov-2019		

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1479.37
		4	TOTAL TAX DUE	\$1479.37
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1479.37
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Dec-2019	through	31-Dec-2019
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

Do not submit a photocopy of these forms to the Department. If additional space is needed, please obtain an original form from your local district office or download the form from our web site at www.tax.newmexico.gov.

A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$9353.60	\$0.00	\$9353.60	7.8750	\$736.60

Enter total of columns D, E and H, this page. * See instructions for column B.				\$736.60
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$736.60
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$736.60
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$736.60
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Dec	2019	

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1336.61
		4	TOTAL TAX DUE	\$1336.61
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1336.61
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC			
STREET / BOX 12231 ACADEMY RD. NE #301-173			
CITY, STATE, ZIP	ALBUQUERQUE	NM	87111

NEW MEXICO
CRS ID NO.

03-373007-00-5

TAX PERIOD

01-Jan-2020

through

31-Jan-2020

Month Day Year

Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$32169.00	\$11328.00	\$20841.00	7.8750	\$1641.23

Enter total of columns D, E and H, this page. * See instructions for column B.				\$1641.23
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$1641.23
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$0.00
4	TOTAL TAX DUE	\$1641.23
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$1641.23

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Jan-2020		

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1461.29
		4	TOTAL TAX DUE	\$1461.29
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1461.29
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1**COMBINED REPORT SYSTEM**

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Feb-2020	through	29-Feb-2020
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$40000.00	\$30000.00	\$10000.00	7.8750	\$787.50

Enter total of columns D, E and H, this page. * See instructions for column B.				\$787.50
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$787.50
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$787.50
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$787.50
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME	HANNO VENTURES LLC
STREET / BOX	12231 ACADEMY RD. NE #301-173
CITY, STATE, ZIP	ALBUQUERQUE NM 87111

NEW MEXICO
CRS ID NO.

03-373007-00-5

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				29-Feb-2020		

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.															\$.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.															

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$.00
2	COMPENSATING TAX	\$.00
3	WITHHOLDING TAX	\$1446.42
4	TOTAL TAX DUE	\$1446.42
5	PENALTY	\$.00
6	INTEREST	\$.00
7	TOTAL AMOUNT DUE	\$1446.42

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
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STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Mar-2020	through	31-Mar-2020
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$72000.00	\$10000.00	\$62000.00	7.8750	\$4882.50

Enter total of columns D, E and H, this page. * See instructions for column B.				\$4882.50
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$4882.50
		2	COMPENSATING TAX	\$.00
		3	WITHHOLDING TAX	\$.00
		4	TOTAL TAX DUE	\$4882.50
		5	PENALTY	\$.00
		6	INTEREST	\$.00
		7	TOTAL AMOUNT DUE	\$4882.50
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Mar-2020		

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1569.94
		4	TOTAL TAX DUE	\$1569.94
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1569.94

Signature of taxpayer or agent	
Print name	Date
Title	Phone
E-mail address	

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Apr-2020	through	30-Apr-2020
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$36800.00	\$0.00	\$36800.00	7.8750	\$2898.00

Enter total of columns D, E and H, this page. * See instructions for column B.				\$2898.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$2898.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$2898.00
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$2898.00
Signature of taxpayer or agent Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD		
Month Day Year	through	30-Apr-2020
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1673.02
		4	TOTAL TAX DUE	\$1673.02
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1673.02
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-May-2020	through	31-May-2020
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$25180.00	\$2580.00	\$22600.00	7.8750	\$1779.75

Enter total of columns D, E and H, this page. * See instructions for column B.				\$1779.75
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$1779.75
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$1779.75
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1779.75
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
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NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-May-2020		

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1436.02
		4	TOTAL TAX DUE	\$1436.02
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1436.02

Signature of taxpayer or agent	
Print name	Date
Title	Phone
E-mail address	

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1**COMBINED REPORT SYSTEM**

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Jun-2020	through	30-Jun-2020
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$16300.00	\$0.00	\$16300.00	7.8750	\$1283.63

Enter total of columns D, E and H, this page. * See instructions for column B.				\$1283.63
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$1283.63
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$1283.63
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1283.63
Signature of taxpayer or agent Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
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NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				30-Jun-2020		

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$0.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$1404.08
		4	TOTAL TAX DUE	\$1404.08
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1404.08
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

Mail to: NM Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

01-Jul-2020	through	31-Jul-2020
Month Day Year		Month Day Year

Check if applicable: ☐ Amended report

Payment made by:

<input type="checkbox"/> Automated clearinghouse deposit	Date _____
<input type="checkbox"/> Federal wire transfer	Date _____

If additional space is needed, use the supplemental page.

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A Municipality / county name	B Special code*	C Location code	D Gross receipts (excluding tax)	E Total deductions	F Taxable gross receipts	G Tax rate	H Gross receipts tax
Albuquerque	Regular	02100	\$74500.00	\$0.00	\$74500.00	7.8750	\$5866.88

Enter total of columns D, E and H, this page. * See instructions for column B.				\$5866.88
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$5866.88
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$0.00
		4	TOTAL TAX DUE	\$5866.88
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$5866.88
Signature of taxpayer or agent _____ Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				

State of New Mexico - Taxation and Revenue Department

CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 09/2010

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P.O. Box 25128, Santa Fe, NM 87504-5128

NAME HANNO VENTURES LLC	NEW MEXICO CRS ID NO.	03-373007-00-5
STREET / BOX 12231 ACADEMY RD. NE #301-173		
CITY, STATE, ZIP ALBUQUERQUE NM 87111		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Jul-2020		

Check if applicable: ☐ Amended report

Payment made by:

☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.

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A	Municipality / county name	B	Special code*	C	Location code	D	Gross receipts (excluding tax)	E	Total deductions	F	Taxable gross receipts	G	Tax rate	H	Gross receipts tax
---	----------------------------	---	---------------	---	---------------	---	--------------------------------	---	------------------	---	------------------------	---	----------	---	--------------------

Enter total of columns D, E and H, this page. * See instructions for column B.				\$.00
If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages.				

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$.00
		2	COMPENSATING TAX	\$.00
		3	WITHHOLDING TAX	\$1252.55
		4	TOTAL TAX DUE	\$1252.55
		5	PENALTY	\$.00
		6	INTEREST	\$.00
		7	TOTAL AMOUNT DUE	\$1252.55
Signature of taxpayer or agent Print name _____ Date _____ Title _____ Phone _____ E-mail address _____				