

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 PEBBLE LABS USA INC	NEW MEXICO CRS ID NO.	03-395896-00-3
STREET / BOX 433 PASEO DE PERALTA 200		
CITY, STATE, ZIP SANTA FE NM 87501-2998		

TAX PERIOD		
Month Day Year	through	31-Mar-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.

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

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	\$1551.10
		4	TOTAL TAX DUE	\$1551.10
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$1551.10
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 PEBBLE LABS USA INC	NEW MEXICO CRS ID NO.	03-395896-00-3
STREET / BOX 433 PASEO DE PERALTA 200		
CITY, STATE, ZIP SANTA FE NM 87501-2998		

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 _____

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

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	\$5046.99
		4	TOTAL TAX DUE	\$5046.99
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$5046.99

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 PEBBLE LABS USA INC		
STREET / BOX 433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE	NM 87501-2998

NEW MEXICO CRS ID NO.	03-395896-00-3
--------------------------	----------------

TAX PERIOD

			through	30-Sep-2018		
Month	Day	Year		Month	Day	Year

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.

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

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.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$5131.61
4	TOTAL TAX DUE	\$5131.61
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$5131.61

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	PEBBLE LABS USA INC		
STREET / BOX	433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE	NM	87501-2998

NEW MEXICO
CRS ID NO.

03-395896-00-3

TAX PERIOD

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

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.

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

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	\$7262.48
4	TOTAL TAX DUE	\$7262.48
5	PENALTY	\$.00
6	INTEREST	\$.00
7	TOTAL AMOUNT DUE	\$7262.48

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	PEBBLE LABS USA INC		
STREET / BOX	433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE	NM	87501-2998

NEW MEXICO
CRS ID NO.

03-395896-00-3

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31	Mar	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.

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

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	\$9638.06
4	TOTAL TAX DUE	\$9638.06
5	PENALTY	\$.00
6	INTEREST	\$.00
7	TOTAL AMOUNT DUE	\$9638.06

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 PEBBLE LABS USA INC		
STREET / BOX 433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE NM	87501-2998

NEW MEXICO CRS ID NO.	03-395896-00-3
--------------------------	----------------

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 _____

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

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>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> 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	\$4243.78
		4	TOTAL TAX DUE	\$4243.78
		5	PENALTY	\$.00
		6	INTEREST	\$.00
		7	TOTAL AMOUNT DUE	\$4243.78

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 PEBBLE LABS USA INC	NEW MEXICO CRS ID NO.	03-395896-00-3
STREET / BOX 433 PASEO DE PERALTA 200		
CITY, STATE, ZIP SANTA FE NM 87501-2998		

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.

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

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	\$2020.41
		4	TOTAL TAX DUE	\$2020.41
		5	PENALTY	\$.00
		6	INTEREST	\$.00
		7	TOTAL AMOUNT DUE	\$2020.41

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	PEBBLE LABS USA INC		
STREET / BOX	433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE	NM	87501-2998

NEW MEXICO
CRS ID NO.

03-395896-00-3

TAX PERIOD

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

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.

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

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.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$9763.20
4	TOTAL TAX DUE	\$9763.20
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$9763.20

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	PEBBLE LABS USA INC		
STREET / BOX	433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE	NM	87501-2998

NEW MEXICO
CRS ID NO.

03-395896-00-3

TAX PERIOD

01-Jul-2019

Month Day Year

through

31-Jul-2019

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

Enter total of columns D, E and H, this page. * See instructions for column B.															
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	\$0.00
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$0.00
4	TOTAL TAX DUE	\$0.00
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$0.00

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 PEBBLE LABS USA INC	NEW MEXICO CRS ID NO.	03-395896-00-3
STREET / BOX 433 PASEO DE PERALTA 200		
CITY, STATE, ZIP SANTA FE NM 87501-2998		

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
				31-Aug-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.

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

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	\$10045.36
		4	TOTAL TAX DUE	\$10045.36
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$10045.36

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 PEBBLE LABS USA INC		
STREET / BOX 433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE NM	87501-2998

NEW MEXICO CRS ID NO.	03-395896-00-3
--------------------------	----------------

TAX PERIOD		
Month Day Year	through	30-Sep-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.

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

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.				

<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	\$0.00
		2	COMPENSATING TAX	\$0.00
		3	WITHHOLDING TAX	\$10505.08
		4	TOTAL TAX DUE	\$10505.08
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$10505.08

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	PEBBLE LABS USA INC		
STREET / BOX	433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE	NM	87501-2998

NEW MEXICO
CRS ID NO.

03-395896-00-3

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

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	\$11418.21
4	TOTAL TAX DUE	\$11418.21
5	PENALTY	\$.00
6	INTEREST	\$.00
7	TOTAL AMOUNT DUE	\$11418.21

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	PEBBLE LABS USA INC		
STREET / BOX	433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE	NM	87501-2998

NEW MEXICO
CRS ID NO.

03-395896-00-3

TAX PERIOD

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

Enter total of columns D, E and H, this page. * See instructions for column B.															
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	\$0.00
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$12085.49
4	TOTAL TAX DUE	\$12085.49
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$12085.49

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	PEBBLE LABS USA INC		
STREET / BOX	433 PASEO DE PERALTA 200		
CITY, STATE, ZIP	SANTA FE	NM	87501-2998

NEW MEXICO
CRS ID NO.

03-395896-00-3

TAX PERIOD

Month	Day	Year	through	Month	Day	Year
						31-Dec-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.

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

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.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

1	TOTAL GROSS RECEIPTS TAX ALL PAGES	\$0.00
2	COMPENSATING TAX	\$0.00
3	WITHHOLDING TAX	\$6945.38
4	TOTAL TAX DUE	\$6945.38
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$6945.38