

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	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Jan-2017	through	31-Jan-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	\$1750000.00	\$1750000.00	\$0.00	7.3125	\$0.00

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	\$5907.86
		4	TOTAL TAX DUE	\$5907.86
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$5907.86
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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Rev. 09/2010

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

NAME	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Feb-2017	through	28-Feb-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.

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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	\$2749480.38	\$2749480.38	\$0.00	7.3125	\$0.00

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	\$6051.12
		4	TOTAL TAX DUE	\$6051.12
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$6051.12
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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COMBINED REPORT SYSTEM

Rev. 09/2010

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

NAME	DESIGN & DEVELOPMENT ENGINEERING SERVICES CORP	NEW MEXICO CRS ID NO.	02-957163-00-4
STREET / BOX	4415 HAWKINS ST NE B		
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Mar-2017	through	31-Mar-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.

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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	\$1034973.00	\$1034973.00	\$0.00	7.3125	\$0.00

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	\$6322.14
		4	TOTAL TAX DUE	\$6322.14
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$6322.14
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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COMBINED REPORT SYSTEM

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

NAME	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Apr-2017	through	30-Apr-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.

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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	\$1592999.00	\$1592999.00	\$0.00	7.3125	\$0.00

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	\$6322.14
		4	TOTAL TAX DUE	\$6322.14
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$6322.14
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	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-May-2017	through	31-May-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.

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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	\$602483.35	\$602483.35	\$0.00	7.3125	\$0.00

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	\$6131.96
		4	TOTAL TAX DUE	\$6131.96
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$6131.96
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

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STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Jun-2017	through	30-Jun-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.

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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	\$760168.00	\$760168.00	\$0.00	7.3125	\$0.00

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	\$16513.92
		4	TOTAL TAX DUE	\$16513.92
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$16513.92
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				

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STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540

NEW MEXICO
CRS ID NO.

02-957163-00-4

TAX PERIOD

01-Jul-2017

Month Day Year

through

31-Jul-2017

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	\$555515.21	\$555515.21	\$0.00	7.5000	\$0.00

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	\$6799.14
4	TOTAL TAX DUE	\$6799.14
5	PENALTY	\$0.00
6	INTEREST	\$0.00
7	TOTAL AMOUNT DUE	\$6799.14

State of New Mexico - Taxation and Revenue Department

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NAME	DESIGN & DEVELOPMENT ENGINEERING SERVICES CORP	NEW MEXICO CRS ID NO.	02-957163-00-4
STREET / BOX	4415 HAWKINS ST NE B		
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Aug-2017	through	31-Aug-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 _____

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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	\$270738.00	\$270738.00	\$0.00	7.5000	\$0.00

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	\$6799.14
		4	TOTAL TAX DUE	\$6799.14
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$6799.14
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	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD			
01-Sep-2017	through	30-Sep-2017	
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	\$200000.00	\$200000.00	\$0.00	7.5000	\$0.00

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	\$6799.14
		4	TOTAL TAX DUE	\$6799.14
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$6799.14
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	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Oct-2017	through	31-Oct-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.

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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	\$3694026.00	\$3694026.00	\$0.00	7.5000	\$0.00

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	\$6943.89
		4	TOTAL TAX DUE	\$6943.89
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$6943.89
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	DESIGN & DEVELOPMENT ENGINEERING		
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B		
CITY, STATE, ZIP	ALBUQUERQUE	NM	87109-4540

NEW MEXICO CRS ID NO.	02-957163-00-4
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TAX PERIOD			
01-Nov-2017		through	30-Nov-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.

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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.				

<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	\$7071.82
		4	TOTAL TAX DUE	\$7071.82
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$7071.82

State of New Mexico - Taxation and Revenue Department

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

NAME	DESIGN & DEVELOPMENT ENGINEERING SERVICES CORP	NEW MEXICO CRS ID NO.	02-957163-00-4
STREET / BOX	4415 HAWKINS ST NE B		
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Dec-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 _____

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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	\$442750.00	\$442750.00	\$0.00	7.5000	\$0.00

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	\$13277.90
		4	TOTAL TAX DUE	\$13277.90
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$13277.90
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	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Jan-2018	through	31-Jan-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 _____

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	\$861750.00	\$861750.00	\$0.00	7.5000	\$0.00

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	\$7223.32
		4	TOTAL TAX DUE	\$7223.32
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$7223.32
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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Mail to: NM Taxation and Revenue Department,
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NAME	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD			
01-Feb-2018	through	28-Feb-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
Albuquerque	Regular	02100	\$1029844.00	\$1029844.00	\$0.00	7.5000	\$0.00

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	\$7263.38
		4	TOTAL TAX DUE	\$7263.38
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$7263.38
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	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Mar-2018	through	31-Mar-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 _____

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	\$1621080.00	\$1621080.00	\$0.00	7.5000	\$0.00

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	\$7379.52
		4	TOTAL TAX DUE	\$7379.52
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$7379.52
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	DESIGN & DEVELOPMENT ENGINEERING SERVICES CORP	NEW MEXICO CRS ID NO.	02-957163-00-4
STREET / BOX	4415 HAWKINS ST NE B		
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Apr-2018	through	30-Apr-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 _____

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	\$2086792.00	\$2086792.00	\$0.00	7.5000	\$0.00

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	\$7293.59
		4	TOTAL TAX DUE	\$7293.59
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$7293.59
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	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-May-2018	through	31-May-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 _____

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	\$1134439.00	\$1134439.00	\$0.00	7.5000	\$0.00

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	\$7340.48
		4	TOTAL TAX DUE	\$7340.48
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$7340.48
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	DESIGN & DEVELOPMENT ENGINEERING SERVICES CORP		
STREET / BOX	4415 HAWKINS ST NE B		
CITY, STATE, ZIP	ALBUQUERQUE	NM	87109-4540

NEW MEXICO CRS ID NO.	02-957163-00-4
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TAX PERIOD					
01-Jun-2018		through	30-Jun-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 _____

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	\$1372239.00	\$1372239.00	\$0.00	7.5000	\$0.00

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	\$18403.11
		4	TOTAL TAX DUE	\$18403.11
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$18403.11

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	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD					
01-Jul-2018		through	31-Jul-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	\$590540.00	\$590540.00	\$0.00	7.8750	\$0.00

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	\$7776.04
		4	TOTAL TAX DUE	\$7776.04
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$7776.04
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	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD

01-Aug-2018	through	31-Aug-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 _____

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	\$432271.00	\$432271.00	\$0.00	7.8750	\$0.00

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	\$7774.06
		4	TOTAL TAX DUE	\$7774.06
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$7774.06
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	DESIGN & DEVELOPMENT ENGINEERING
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540

NEW MEXICO CRS ID NO.	02-957163-00-4
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TAX PERIOD					
01-Sep-2018		through	30-Sep-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 _____

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	\$735365.00	\$735365.00	\$0.00	7.8750	\$0.00

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	\$8137.67
		4	TOTAL TAX DUE	\$8137.67
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$8137.67

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

NAME	DESIGN & DEVELOPMENT ENGINEERING	NEW MEXICO	02-957163-00-4
STREET / BOX	SERVICES CORP 4415 HAWKINS ST NE B	CRS ID NO.	
CITY, STATE, ZIP	ALBUQUERQUE NM 87109-4540		

TAX PERIOD			
01-Oct-2018	through	31-Oct-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
Albuquerque	Regular	02100	\$802332.00	\$802332.00	\$0.00	7.8750	\$0.00

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	\$7773.80
		4	TOTAL TAX DUE	\$7773.80
		5	PENALTY	\$0.00
		6	INTEREST	\$0.00
		7	TOTAL AMOUNT DUE	\$7773.80
Signature of taxpayer or agent				
Print name _____ Date _____				
Title _____ Phone _____				
E-mail address _____				