## STATE OF NEW MEXICO

## ADMINISTRATIVE HEARINGS OFFICE

**TAX ADMINISTRATION ACT**

**IN THE MATTER OF THE PROTEST OF**

**[Taxpayer Name]**

**TO** **[TYPE OF CASE]** **ISSUED UNDER**

**LETTER ID NO.** **[LETTER ID. NO]**

***v.*** Case Number AHO CASE NUMBER

**NEW MEXICO TAXATION AND REVENUE DEPARTMENT**

**WRITTEN AUTHORIZATION OF REPRESENTATION OF TAXPAYER**

**AND ATTESTATION OF REPRESENTATIVE**

On this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_, the taxpayer in the above captioned case designates and authorizes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a bona fide employee, CPA, or in a personal income tax case, an enrolled agent, to represent taxpayer in this matter as permitted under NMSA 1978, Section 7-1B-8 (2015) and Regulation 22.600.3.11 (C) NMAC. The designated person is authorized to represent me before the Administrative Hearings Office.

Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer (or authorized bona fide employee) Signature

(MUST BE SIGNED)

Name:

Mailing Address:

Telephone and Fax Number:

Email Address:

**Representative Attestation**: I certify that as required under NMSA 1978, Section 7-1B-8 (2015) to serve as a representative in this matter, I’m a bona fide employee of Taxpayer, a licensed C.P.A., or in personal income tax cases only, an enrolled agent under the Internal Revenue Code.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Signature

Name:

Mailing Address:

Telephone and Fax Number:

Email Address:

**CERTIFICATE OF SERVICE**

I hereby certify that I filed the foregoing Written Authorization and Attestation to [Tax.Pleadings@state.nm.us](mailto:Tax.Pleadings@state.nm.us) and mailed it to the opposing counsel, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Taxation and Revenue Department, 1100 S. St. Francis Drive, Santa Fe, NM 87504, on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Signature