



Tax Administration Division

P.O. Box 194, Laguna, NM 87026

(505) 552-5787

emartinez@pol-nsn.gov

POSSESSORY INTEREST TAX

FORM 01: TAXPAYER REGISTRATION

PIT.F01.v.2.10.2021

Please review and verify the information under Column I. If the information is incorrect or is blank, please provide the correct information in the corresponding space provided under Column II. If the information is correct or does not apply, leave the corresponding space provided under Column II blank. When you have verified and provided all information requested, please sign, date, and return to the Tax Administration Division on or before November 15. Should you have any questions regarding this form please contact the Tax Administration Division by phone at (505) 552-5787 or by email at emartinez@pol-nsn.gov

	Column I	Column II
Taxpayer Name		
dba (if applicable)		
POL Tax ID No.		
NM CRS ID No.		
Licensure No.		
Regulatory Body		
Date of Issue		
Mailing Address	Address: City: State: Zip Code:	
Physical Address (Corp. Headquarters)	Address: City: State: Zip Code:	
Primary Business Phone No.	() - -	
Point of Contact: Please provide the name of the person that will be the point of contact for all clerical functions (i.e. correspondences) of the taxpayer	Name: Title: Email: Phone No.: () - - Ext.:	
Designated Agent: Please provide the name of the person with lawful authority to act on behalf of the taxpayer and fulfill all statutory and regulatory responsibilities and obligations in accordance with the Possessory Interest Tax Code of the Pueblo of Laguna	Name: Title: Email: Phone No.: () - - Ext.:	
List of Corporate Officers Please attach a list of all Corporate Officers. Provide the information as shown	Name: Title: Email: Phone No.: () - - Ext.:	Please Attach List
List of Owners Please attach a list of all owners with 10% or more ownership stake. Provide the information as shown	Name: Ownership Stake (%): Email: Phone No.: () - -	Please Attach List

Designated Agent (Print)	Title:
Signature:	Date: