

New Mexico Taxation and Revenue Department
Motor Vehicle Division - Commercial Vehicle Bureau
WEIGHT DISTANCE TAX RETURN

Mail To: Motor Vehicle Division
P.O. Box 5188
Santa Fe, NM 87504-5188

Check if Amended

File and pay weight distance tax on or before the last day of the month following the close of the report month. If additional space is needed, attach the supplemental schedule and complete the page numbering information on each page. Do not submit a photocopy of the first page of this form to the Department. You must use an original form obtained from your local district office or downloaded from our website at www.state.nm.us/tax. You may use quality photocopies of the supplemental page. For assistance call (505) 827-0392

A	Weight Class	One Way	B	Weight Distance Miles	C	Port of Entry Miles Paid	D	Net Weight Distance Miles	E	Mill Rate	F	Tax Due
	27			23,216	-	0	=	23,216	X	0.04	=	\$1,016.40

REPORT PERIOD 31-Mar-2025
Quarter ending (mm-dd-ccyy)

Weight Distance Tax Number: 07-210106-00-7

Name
US INC

Street / Box
915 L ST

City, State, Zip
SACRAMENTO 95814-0000

1 Weight distance miles	1	23,216
2 Port of Entry miles paid	2	0
3 Net Weight distance miles	3	23,216
4 Weight distance tax due	4	\$1,016.40
5 Penalty	5	\$0.00
6 Interest	6	\$0.00
7 Total due	7	\$1,016.40
8 Amount paid	8	

DO NOT FILE

Your Weight Distance Tax Return request for the filing period **31-Mar-2025** has been submitted and your confirmation number is **0-406-954-912**

Date Submitted: **30-Apr-2025**
Name: **US INC**
Account Type: **WDT**
Account ID: **07-210106-00-7**
Total Tax Due: **1,016.40**
Penalty *: **0.00**
Interest *: **0.00**
Total Amount Due: **1,016.40**

*** Penalty and interest are an estimate and could change once the return is processed. The Department will issue a notice of assessment for any additional charges.**

For general questions, please call (505) 841-6352 or (866) 285-2996. For technical assistance, contact us at TRD-Tap-TechnicalHelp@state.nm.us

When contacting the department for assistance with TAP, we will need your:

- Name
- Phone Number
- Email Address
- TAP Logon
- FEIN/SSN
- Tax type we can assist you with
- Detailed description of your issue