

New Mexico Taxation and Revenue Department
GROSS RECEIPTS TAX RETURNThis report can be filed online at <https://tap.state.nm.us>

| | | |
|---|---------------------------------------|--------------------------------------|
| New Mexico Business Tax Identification Number (NMBTIN) 03-689411-00-7 | | |
| Federal Employer Identification Number (FEIN) **-***8091 | Social Security Number (SSN) | |
| Business Name (Print) STAR MASSAGE THERAPY, LLC | | |
| <input type="checkbox"/> If the address is new or changed, mark this box. If there are any additional changes to your NMBTIN please complete and send in ACD-31015, Business Tax Registration Application and Update Form . | | |
| Mailing Address (Number and street) 7600 JEFFERSON ST NE | | |
| City ALBUQUERQUE | State NM | Postal/ZIP Code 87109-4377 |
| If foreign address, enter country | Foreign Province or state | |
| E-mail address starmassagetherapy1@gmail.com | Phone Number (505) 800-8740 | |

| Tax Period | |
|---|--|
| Beginning (MM/DD/CCYY) 06-01-2025 | Ending (MM/DD/CCYY) 06-30-2025 |

| Amended Return | |
|---|--|
| <input type="checkbox"/> Amended Return Check the box above only if you are amending over your original return. Be sure to fill out this return as it should have been originally filed for the specified Tax Period . The amended return will override all information reported on your original return. Reason for amending , see instructions for more information. IMPORTANT: If your amended return will result in an overpayment or refund due, you must attach RPD-41071, Application For Refund and supporting documentation to justify your refund request. Incomplete requests can result in a refund delay, request for information, or denial. Reason for amending: _____ _____ _____ | |

| Column A | Column B | Column C | Column D | Column E | Column F | Column G | Column H | Column I |
|---------------------------|---------------|-------------------|--------------------------------|----------------|------------------|------------------------|----------|------------------------|
| Municipality/ County Name | Location Code | Special Rate Code | Gross Receipts (excluding Tax) | Deduction Code | Deduction Amount | Taxable Gross Receipts | Tax Rate | Gross Receipts Tax Due |
| BERNALILLO | 02100 | R | 1,249.65 | | 0.00 | 1,249.65 | 7.6250 | 95.29 |

| | | | | | |
|---|--|--|--|--|---|
| Enter the total amount of gross receipts (excluding tax) here: | | | | A. Enter the total amount of gross receipts tax due here: | + |
| If Schedule A pages are attached, enter total of columns D and I: | | | | B. Enter the total amount of gross receipts tax from all Schedule A pages: | + |

| | | | |
|--|----|---|-------|
| 1. Total Gross Receipts Tax. (Add line A and B, enter amount here) | 1. | = | 95.29 |
| 2. Business-Related tax credits applied, from Schedule CR, line A. Attach Schedule CR. (This line cannot be more than line 1) | 2. | - | 0.00 |
| 3. Net Tax. (Subtract line 2 from line 1, enter amount here) | 3. | = | 95.29 |
| 4. Penalty. (If you want penalty computed for you, leave blank) | 4. | + | 0.00 |
| 5. Interest. (If you want interest computed for you, leave blank) | 5. | + | 0.00 |
| 6. Total Amount Due. (Add lines 3, 4, and 5, enter amount here) | 6. | = | 95.29 |
| 7. Refundable business-related tax credits applied, from Schedule CR, line B. Attach Schedule CR. | 7. | - | 0.00 |
| 8. Overpayment. Attach RPD-41071 (Subtract line 6 from line 7, enter amount here) | 8. | = | 0.00 |

| | | |
|------------------|---|------|
| Fuel Only | Total amount of taxable gross receipts attributable to the sale of fuel specially prepared and sold for use in turboprop or jet-type engine. (This line replaces RPD-41296, which has been retired) | 0.00 |
|------------------|---|------|

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 authorized agent | Print Name | Title | Date |
|---|------------|-------|------|

**GROSS RECEIPTS TAX
BUSINESS-RELATED TAX CREDIT
Schedule CR**

Business Name (Print)

STAR MESSAGE THERAPY, LLC

New Mexico Business Tax Identification Number- NMBTIN

03-689411-00-7

Use this schedule to claim the business-related tax credits listed on this form that you may take against New Mexico gross receipts tax. If applicable, you may also claim the refundable portion of approved tax credits using this schedule. On your TRD-41413, *Gross Receipts Tax Return*, line 2, enter the total tax credits you claimed on line A of this schedule to apply to tax due. On TRD-41413, line 3, enter the total refundable part of the tax credits claimed on line B of this schedule. Be sure to attach the appropriate backup documentation to support each tax credit. When claiming these credits, you must attach Schedule CR to your TRD-41413. To calculate the amount you may claim for any tax year, refer to the claim form for the credit, or if no claim form, refer to the instructions. **For a complete description of the credits, see the TRD-41413 instructions and FYI-106, *Claiming Business-Related Tax Credits for Individuals and Businesses*.**

Credit Type Code Credit Name and Attachments Required to Claim Credit

Non-Refundable (claim credits in column C only)

A01 Affordable housing tax credit. Attach RPD-41301 and MFA investment vouchers.
A04 Advanced energy tax credit. Attach RPD-41334 and approval letter. (GRT excluding local options)
A06 Alternative energy product manufacturers tax credit. Attach RPD-41331. (GRT excluding local options)
B03 Biodiesel blending facility tax credit. Attach RPD-41321.
H01 High-wage Jobs tax credit. Attach RPD-41290. (GRT excluding local options)
I01 Investment tax credit. Attach RPD-41212.
L02 Laboratory partnership with small business tax credit. Attach RPD-41325. (GRT excluding local options)
R01 Rural job tax credit. Attach RPD-41243. (GRT excluding local options)
T03 Technology readiness gross receipts tax credit. Attach TRD-41407. (GRT excluding local options)
U01 Unpaid Doctor Services Credit. Attach RPD-41323.

Refundable (apply credit amount to tax due in column C and amount to refund in column D)

H01 High-wage Jobs tax credit. RPD-41290. (GRT excluding local options)
I01 Investment tax credit. Attach RPD-41212.
T02 Technology jobs and research and development (additional) tax credit. Attach RPD-41386.

Important: Fill out columns A-D, rows 1-20 if applicable. Incomplete claim forms may result in denial of the credit. You must use the table below, substitute schedules or tables are not allowed.

| | <u>Column A</u> | <u>Column B</u> | <u>Column C</u> | <u>Column D</u> |
|--|------------------|------------------------|-------------------------------------|----------------------------|
| | Credit Type Code | Credit Approval Number | Amount of Credit Applied to Tax Due | Amount of Credit to Refund |

A. TOTAL applied to tax liability due..... 0.00

Enter the sum of column C. Also enter this amount on TRD-41413, page 1, line 2.

If you are claiming more than 20 credits, include the amounts from your Supplemental Schedule CR.

B. TOTAL portion of tax credits to refund (credit type H01, I01, and T02)..... 0.00

Enter the sum of column D. Also enter this amount on TRD-41413, page 1, line 7.

If claiming more than 20 credits, include all refundable amounts of credit type H01, I01, and T02 from your Supplemental Schedule CR.

Your Gross Receipts Tax Return request for the filing period **30-Jun-2025** has been submitted and your confirmation number is **1-616-100-256**

Date Submitted: **02-Jul-2025**
Name: **STAR MASSAGE THERAPY, LLC**
Account Type: **GRT**
Account ID: **03689411007-GRT**
Total Tax Due: **95.29**
Penalty *: **0.00**
Interest *: **0.00**
Total Amount Due: **95.29**

*** 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