

MICHELLE LUJAN GRISHAM
GOVERNOR



RICKY SERNA
ACTING SECRETARY

HOWIE MORALES
LT. GOVERNOR

STATE OF NEW MEXICO
DEPARTMENT OF WORKFORCE SOLUTIONS
401 Broadway, NE
PO Box 1928
Albuquerque, NM 87103
(505) 841-8405/ FAX (505) 841-8491

OUT-OF-STATE GROSS WAGES

INSTRUCTIONS: This form is used by employers to report employees with out-of-state wages who worked and received wages from the same employer in New Mexico during the reporting quarter. **Out of State Wages are due 30 days from the end of the quarter.** If information submitted does not match our records your request will not be processed and returned for corrections.

Date: _____

Company Name: _____

Employer Account Number: _____

FEIN: _____

Contact Name: _____

Contact Phone Number: _____

Mail completed form to:
New Mexico Department of Workforce Solutions
Attn: UI Tax Bureau
PO Box 1928
Albuquerque, NM 87103-1928
Or send by email to uitax.support@state.nm.us

Amended Return Year 20 ____

Select One Quarter You Are Reporting For

Q1 Q2 Q3 Q4

Employee Last Name	Employee First Name	Social Security No.	State Employed	Out-of-State Taxable Base Wage	Out-of-State Total Gross Wages	For Official User Only