



**TAX YEAR 2018
NEW MEXICO RURAL HEALTH CARE PRACTITIONER TAX CREDIT APPLICATION**

*Legal Name, Health Profession Licensure Information, and SSN - Please legibly complete the following information:		Have you RECEIVED a Certificate of Eligibility in previous years? If yes, check the tax years below.	
First Name			
Middle Initial			
Last Name		2012	2013
Health Professional License (MD, DO, PA, CNP, CNM, CRNA, APN, DDS, DMD, RDH, OD, PhD, DPM etc.)		2014	2015
Health Profession License Number and State Issued		2016	2017
*Social Security Number (Last 4 Digits Only):		XXX-XX-	
* SSN Information is required by NM Taxation and Revenue on Certificate of Eligibility			

Your Personal Mailing Address & Contact Information (all information required including email address)	
Street Address [line 1]	Email Address
Street Address [line 2]	
City/Town	
State	Telephone Number
Zip Code	

Tax Credit Requested – Please indicate which (FT or PT) tax credit you are requesting.	
<input type="checkbox"/> Full-time credit: minimum of 2080 hours of work or greater at rural practice site.	<input type="checkbox"/> Part-time credit: between 1040 and 2079 hours of work at rural practice site.
Tax Year - Please indicate the tax year for which you are requesting a credit.	
<u>Present Tax Year</u> Tax Year 2018	<u>Previous Tax Years</u> Tax Year 2017 Tax Year 2016 Tax Year 2015 Tax Year 2014 Tax Year 2013 Tax Year 2012

Description of Rural Practice Site - Please provide the following information about your work at rural practice sites during the taxable year. If you need more room to fully describe your eligible work, please attach additional sheets. If you have more than 3 Rural Health practice locations, provide details on an attached sheet.

Name of Practice Location 1	ENTER Clinic Name:
Check the delivery system below that best describes your rural practice location. <input type="checkbox"/> Private Practice <input type="checkbox"/> Community Health Clinic <input type="checkbox"/> IHS, Tribal <input type="checkbox"/> Hospital <input type="checkbox"/> Other	Street Address
	City
	Zip Code
	County
	Total Practice hours at this location _____ hours

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Name of Practice Location 2 ENTER Clinic Name:		
Check the delivery system below that best describes your rural practice location. <input type="checkbox"/> <i>Private Practice</i> <input type="checkbox"/> <i>Community Health Clinic</i> <input type="checkbox"/> <i>IHS, Tribal</i> <input type="checkbox"/> <i>Hospital</i> <input type="checkbox"/> <i>Other</i>	Street Address	
	City	
	Zip Code	
	County	
	Total Practice hours at this location hours	

Name of Practice Location 3 ENTER Clinic Name:		
Check the delivery system below that best describes your rural practice location. <input type="checkbox"/> <i>Private Practice</i> <input type="checkbox"/> <i>Community Health Clinic</i> <input type="checkbox"/> <i>IHS, Tribal</i> <input type="checkbox"/> <i>Hospital</i> <input type="checkbox"/> <i>Other</i>	Street Address	
	City	
	Zip Code	
	County	
	Total Practice hours at this location hours	

Grand Total Rural Practice Hours for taxable year:	hours
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Certification: <i>I hereby certify that all information supplied in this application is true and accurate to the best of my knowledge.</i>	
Name [Please print]:	
Signature:	
Date:	
Other person authorized to receive Certificate of Eligibility on behalf of Healthcare Provider.	<i>The following person is authorized to discuss my application and licensure information if necessary and receive my Certificate of Eligibility on my behalf:</i> Name: _____ CPA Firm/Accounting Firm Name: _____ Phone Number: _____ Email Address: _____

Submission
Please complete application on-line at: https://rhcptc.nmhealth.org with a three day turn around or Mail to: New Mexico Rural Health Care Practitioner Tax Credit Program New Mexico Department of Health 300 San Mateo Blvd NE – Suite 900 Albuquerque, NM 87108

Application Instructions- Tax Year 2018

- 1. Legible:** Please make sure all information entered is legible to minimize errors in processing your Certificate of Eligibility.
- 2. Legal Name, Health Profession Licensure Information, and SSN** – Please enter your legal name (should be the same as your Health Profession License), Health Profession Licensure information, social security number (*last 4 digits only*), and the professional degree associated with your health profession.
- 3. Please fill out all the information on the application.** Failure to provide the information may delay processing of your Certificate of Eligibility and may require further follow up to obtain the information to determine eligibility.
- 4. Description of Eligible Service Provision** – Please indicate how many hours of health care you provided at each eligible practice location during the taxable year. Space is provided on the form for you to summarize up to 3 practice locations. If you provided health care at more than 3 locations, please attach additional sheets with this information. In addition, indicate a delivery system (*Private Practice, Community Health Clinic, IHS, Tribal, Hospital, Other*) that best describes your practice location.
- 5. License Copy** – Please attach a copy of your health professional license in effect for the requested tax year.
- 6. Certification** – Provider must sign and date the application. List the name and contact information of the CPA Firm/Accounting Firm or other persons who are authorized to discuss the applicants' information as well as receive a copy of the Certificate of Eligibility.
- 7. Submission** – To expedite processing of this application please complete the application on-line at <https://rhcptc.nmhealth.org> or mail to the address on application. Questions can also be sent to the tax credit email and will be **promptly** responded to. **NO FAXED SUBMISSIONS ACCEPTED.**

Introduction

Get Started!

Are you a Health Care Provider working in a rural community? You might be eligible for a tax credit. Register, complete an application, submit...DONE! It's so simple.

SIGN IN

REGISTER



Contact Us

If you have any questions or comments, click the Contact menu item.

For more information about the Rural Health Care Practitioner Tax Credit Program, [click here](#).

Apply Online

To receive your tax certificate you just need to apply!

Eligible?

The New Mexico Legislature has designated the following degrees eligible for the rural tax credit MD, DO, PA, CNP, CNS, CRNA, CNM, DDS, DMD, RDH, PhD, OD, DPM.

Need Assistance?

If you need assistance, you can always contact us via email. Click the Contact menu item.

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