

2021 Fiduciary Pass-Through Entity Withholding Detail Report FID-D

File and pay online using the Department's website. Go to www.tax.newmexico.gov and click on Online Services. For help completing this report, follow the FID-1 instructions, or call (505) 827-0825 in Santa Fe or toll free at (866) 809-2335, option 4.

Check if amended

Page _____ of _____

Name of trust or estate		FEIN		Line 1. Total New Mexico net income	
Fiduciary's address - (Number and street)		City	State	Postal/ZIP code	
If Foreign address, enter Province and/or State		Country			
FOR DEPARTMENT USE ONLY					

Tax year if other than the full 2021 calendar year.			Due date of the federal fiduciary return.		
Beginning of tax year			Last day of tax year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD	CCYY	MM	DD	CCYY
			Original Due Date	<input type="text"/>	<input type="text"/>
			Extended Due Date	<input type="text"/>	<input type="text"/>

Withholding Tax

Line 2. Total withholding from column 4 on all supplemental pages..... 2

Payments

Line 3. Tax withheld by the trust or estate, then passed to owners 3
(Reported on FID-1, Lines 15 and 16)

Line 4. Withholding tax paid by the trust or estate..... 4

Line 5. Amended Returns Only. Refunds received..... 5
(See instructions)

Line 6. Total tax payments. Subtract line 5 from the sum of lines 3 and 4. 6

Amount Due

Line 7. Tax Due. If line 2 is greater than line 6, enter the difference here 7

Line 8. Penalty (see Instructions)..... 8

Line 9. Interest (see Instructions)..... 9

Line 10. Total due. Add lines 7, 8 and 9..... 10

Overpayment

Line 11. Overpayment. If line 6 is greater than line 2, enter the difference here 11
You must attach Form RPD-41373 to claim a refund of an overpayment.

I declare I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.

Authorized signature _____ Date _____

Phone number _____ Email address _____

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Supplemental Page

Name of trust or estate	FEIN	Page _____ of _____
Do not file RPD-41353 with the Department (see Instructions).		

Column 1 Beneficiary's name, street address, city, state, and ZIP code	Column 2 Beneficiary's SSN or FEIN	Column 3 Beneficiary's share of allocable net income	Column 4 Beneficiary's share of withholding tax	Col. 5 Reason Code withholding not required
Mark if outside the U.S. <input type="checkbox"/>	Mark one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/>
Mark if outside the U.S. <input type="checkbox"/>	Mark one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/>
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If you need more space, print this supplemental form directly from the website and attach the additional supplemental forms to the first page of this form. Reproducing from a photocopy reduces the readability of the barcode on scanning equipment.

**Total withholding
on this page.**

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