Final 1.1 02/01/2023

2022 FID-D Fiduciary Pass-Through Entity Withholding Detail Report

Vendor Product Version 9 9 9 9 9 9 9

15.

2022 FID-D, page 1
BARCODE SHOULD READ *228489999* where the last four digits are replaced with your vendor code.

You can e-file and e-pay PTW-D using the Department's Taxpayer Access Point (TAP) website at https://tap.state.nm.us. Over 51 requires e-file and e-pay. FEIN Name of Pass-Through Entity 99-99999999 CHECK ONE (Required): Address (Number and street) A. Original Return Postal/ZIP Code B. Amended Return Address (continued) XX99999999999 XXXXXXXXXXXX B.(i) Type: 99 If foreign address, enter county Foreign province and/or state B.(ii) Date: MM/DD/CCYY B.(iii) 7-1-13(G) Payment Election Beginning of Tax Year Last Day of Tax Year Federal Due Date Extended Due (MMDDCCYY) MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY C. Type of New Mexico Income Tax return the PTE is filing for the current tax year D. Reporting Detail (Check all that apply) ☑ CIT-1 ☑ Other XXXXXXXXXXXXX Withholding Report
 ■
 Withholding Report
 ■
 New Property Report
 New Propert ☐ Entity Level Tax 1. 1. Total New Mexico Net Income 999,999,999,999 2. 2. Total withholding tax from Line 8 on all Schedule A's 999,999,999,999 3. Total tax withheld passed to the owners (see instructions)..... 3. 999,999,999,999 4. Subtotal of Withholding Tax Due (subtract line 3 from line 2, enter amount here) 4. 999,999,999,999 5. 5. Total owner Composite Tax amount from Line 11 on all Schedule A's 999,999,999,999 6. Total Entity Level Tax from Line 12 on Schedule A's 6. 999,999,999,999 7. Subtotal of Tax Due (add lines 4,5, and 6, enter the amount here) 7. 999,999,999,999 8. 8. Total payments and credits (see instructions) 999,999,999,999 9. 9. Tax Due. (If line 7 is greater than line 8, enter the difference here) 999,999,999,999 Penalty on underpayment of estimated tax. If you want penalty computed for you, leave 10. 10. blank..... 999,999,999,999 11. Interest. If you want interest calculated for you, leave blank. 11. 999,999,999,999 Tax, Penalty, and Interest Due (Add lines 9, 10, and 11, enter amount here) 12. 12. 999,999,999,999 13. Overpayment. (If line 8 is greater than line 7, enter difference here) 13. 999,999,999,999 Amount from line 13 you want applied to your 2023 estimated tax. 14. 14. 999,999,999,999

Important: A refund claim requires a RPD-41373, Application for Refund of Tax Withheld From Pass-Through Entites.

15.

999,999,999,999

Amount to be refunded to you. (Line 13 minus line 14)

Taxpayer's Signature I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or an employee of the taxpayer) is based on all information of which preparer has any knowledge.		Paid Preparer's Use Only XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Signature of officer	Date	P2 FEIN 99-999999		
XXXXXXXXXXXXXXXXXX	(999) 999-9999	P3 Preparer's PTIN X99999999		
Title	Contact phone number	(000)000		
Taxpayer's email address XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	P4 Preparer's phone number (999) 999-9999		

Final 1.1 02/01/2023

2022 FID-D Fiduciary Pass-Through Entity Withholding Detail Report

2022 FID-D, PAGE 2 BARCODE SHOULD READ *228499999* where the last four digits are replaced with your vendor code.

Version code 9

Schedule A

TOU	can e-file and e-pa	y PTW-E	using th	e Department's T	axpayer Access Point (TAP) we	bsite at <u>htt</u> p	s://tap.state.nr	m.us	
	1a. Owners SSN/ITIN/FEIN 999-99-99-9999 99-99999999		1b. ID Provided SSN/ITIN FEIN	3a. Owners Address (Number Street) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
1	2 Owners Name (First, Middle, Last) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State	3d. ZIP/Postal 9 9 9 9 9 - 9 9 9 9 9	3e. Mark if outside of the US/ Country Code		
	4. Residency Status	5. Withhold	ing required	6. Reason Code	7. Owners share of allocable net income	1	re of withholding tax	9. Owner's Percentage	
	Х	X		X	999,999,999,999	9,999,	999,999	999.999%	
	10. Composite Return Election 10a. Yes 10b. No 11. Owner's Composite Tax Amount 9,999,999,999				12. Entity Level Tax on pro-rata/distributive	12. Entity Level Tax on pro-rata/distributive 9, 999, 999, 999			
	1a. Owners SSN/ITIN/FEIN 1b. ID Provided 999−999999 ☑ SSN/ITIN 99−99999999 ☑ FEIN			3a. Owners Address (Number Street) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXXXXX		
2	2 Owners Name (First, Midd	XXXXX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State	3d. ZIP/Postal 9 9 9 9 9 — 9 9 9 9 9	3e. Mark if outside of the US/ Country Code	
	4. Residency Status	X	ing required	6. Reason Code	7. Owners share of allocable net income 999, 999, 999, 999, 999		e of withholding tax	9. Owner's Percentage 999.99%	
	10. Composite Retu <mark>m Elect</mark> 10a. Yes 10b.	No		Compos <mark>ite Tax Am</mark> ount 9 , 999 , 999	12. Entity Level Tax on pro-rata/distributive				
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		99			3a. Owners Address (Number Street) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
3	999-99-99 99-999999 2 Owners Name (First, Mid XXXXXXXXXX	9 9 9 9 9 dle, Last)		SSN/ITIN F FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		3d. ZIP/Postal 99999-	3e. Mark if outside of the US/ Country Code	
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	999-9999999920 2 Owners Name (First, Mid XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9 9 9 9 9 dle, Last) XXXXX 5. Withholo X tion 9 9 9 9 9 dle, Last) XXXXX XXXXX XXXXX XXXXX XXXXX XXXX	Ing required 11. Owner's 9,99	SSN/ITIN FEIN XXXXXXXX XXXXXXXX 6. Reason Code X Composite Tax Amount 9, 999, 999 1b. ID Provided SSN/ITIN FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8, Owners shar 9, 999,	3d. ZIP/Postal 9 9 9 9 9 9 9 9 9 9 9 e of withholding tax 9 9 9 9 9 9 9	3e. Mark if outside of the US/ Country Code 3	
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	999-9999999 2 Owners Name (First, Mid XXXXXXXXXX 4. Residency Status X 10. Composite Return Elec 10a. Yes 10b. 1a. Owners SSN/ITIN/FEIN 999-99999 2 Owners Name (First, Mid XXXXXXXXXXX 4. Residency Status X XXXXXXXXXXX 4. Residency Status X 10. Composite Return Elec	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	11. Owner's 2 XXXXX 11. Owner's 2 XXXXX 11. Owner's	SSN/ITIN FEIN XXXXXXXX XXXXXXXX 6. Reason Code X Composite Tax Amount 9,999,999 1b. ID Provided SSN/ITIN FEIN XXXXXXXXX 6. Reason Code	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8, Owners share 9, 999,	3d. ZIP/Postal 99999 e of withholding tax 999, 999 3d. ZIP/Postal 99999 4 XXXXXXXXX 3d. ZIP/Postal 99999 e of withholding tax	3e. Mark if outside of the US/ Country Code XX XX XX	

If you need more space, print this Schedule A directly from the website and attach the additional Schedule A forms to the first page of this form (RPD-41367/PTW-D).

Reproducing from a photocopy reduces the readability of the barcode on scanning equipment and can cause processing delays.

Page Totals Required to carry all Schedule A totals to page 1.						
Page:		Total for all Line 8's:	9,999,999,999			
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Final 1.1 02/01/2023

2022 FID-D Fiduciary Pass-Through Entity Withholding Detail Report

2022 FID-D, PAGE 3 BARCODE SHOULD READ *228499999* where the last four digits are replaced with your vendor code.

Version code 9

FEIN 99-999999999

Schedule A Supp

You	can e-file and e-pa	y PTW-D	using th	e Department's T	axpayer Access Point (TAP) we	bsite at <u>htt</u> p	s://tap.state.ni	m.us
	1a. Owners SSN/ITIN/FEIN 999-99-99999 99-99999999		1b. ID Provided SSN/ITIN FEIN	3a. Owners Address (Number Street) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
9 <u>9</u>	2 Owners Name (First, Middle, Last) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State	3d. ZIP/Postal 999999 99999	3e. Mark if outside of the US/ Country Code	
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	10. Composite Return Election 10a. Yes 10b. No 11. Owner's Composite Tax Amount 9,999,999,999			12. Entity Level Tax on pro-rata/distributive				
	1a. Owners SSN/ITIN/FEIN 1b. ID Provided 999-99-999 ☑ SSN/ITIN 99-9999999 ☑ FEIN			3a. Owners Address (Number Street) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXXXX	
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	4. Residency Status	5. Withhold	ing required	6. Reason Code	7. O <mark>wn</mark> ers share of a <mark>lloc</mark> able net in <mark>com</mark> e	8. Owners shar	re of withholding tax	9. Owner's Percentage
	X	X		X	9 <mark>99,999,999,9</mark> 99	9,999,	999,999	999.999%
	10. Composite Retur <mark>n Elec</mark> 10a. A Yes 10b.	tion No		Composite Tax Amount 9,999,999	12. Entity Level Tax on pro-rata/distributive			
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	9 9 9 - 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	9999 dide, Last) XXXXX XXXXX 5. Withholo N 9999 dide, Last) XXXXX XXXX XXXX XXXX XXXX XXXX XXXX	11. Owner's 2 X X X X X X X X X X X X X X X X X X	SSN/ITIN FEIN SXXXXXXXX SXXXXXXXX G. Reason Code X Composite Tax Amount 9,999,999 1b. ID Provided SSN/ITIN FEIN FEIN XXXXXXXXX G. Reason Code	3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owners shar 9, 999, XXXXXX 3c. State XX 8. Owners shar	3d. ZIP/Postal 99999 e of withholding tax 99999 3d. ZIP/Postal 99999 2	3e. Mark if outside of the US/ Country Code XX

If you need more space, print this Schedule A directly from the website and attach the additional Schedule A forms to the first page of this form (RPD-41367/PTW-D).

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Page Totals Required to carry all Schedule A totals to page 1.							
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