

**2024 FID-1 NEW MEXICO  
FIDUCIARY INCOME TAX RETURN**

2024 FID-1, PAGE 1  
**BARCODE SHOULD READ \*2448089999\* where the last four digits are replaced with your vendor code.**

Vendor Product Version  
 9999 99 9

Disaster Relief  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

A1 Name of estate or trust XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		A2 Name and title of fiduciary XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		FOR DEPARTMENT USE ONLY
A3 Address of fiduciary - (Number and street) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		City XXXXXXXXXXXXXXXXXXXXXXXXXXXX	State XX	
Postal/ZIP code XXXXXXXXXXXX	A4 If foreign address, enter country XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Foreign province and/or state XXXXXXXXXXXX	A5 Federal Employer Identification Number of estate or trust (Required) 99-9999999	

B. Date trust or estate created. MM/DD/CCYY

C. If this is a final fiduciary return, enter liquidation or distribution date.  
MM/DD/CCYY

D. Has an adjustment to your federal taxable income for any prior year by the Internal Revenue Service not been reported to New Mexico?  
 YES  NO  
 If yes, you must submit an amended New Mexico return.

E. If you owe penalty on underpayment of estimated tax and you qualify for a special calculation method, enter 1, 2, 3, 4, or 5 in the box, and attach **Form RPD-41272**.

F1  Calendar year ending 12-31-24 F2  Fiscal year beginning MM/DD/CCYY and ending MM/DD/CCYY

**CHECK APPLICABLE BOXES**

G1  Grantor Trust G2  Simple Trust G3  If a New Mexico resident trust or estate, mark the box.

G4  Estate G5  Complex Trust G6  Amended

G7 99 Type G8 Date MM/DD/CCYY G9  7-1-13(G) Payment Election

ORIGINAL DUE DATE OF REQUIRED FEDERAL RETURN. Prior to extension. See instructions. H1 Date MM/DD/CCYY

EXTENSION OF TIME TO FILE. If you have a federal or New Mexico state extension, mark the box and enter the extension date.

I1  Extended to: I2 MM/DD/CCYY

1. Federal taxable income of fiduciary (Sec. 641(c) federal taxable income <u>99,999,999</u> ).....	1	99,999,999,999
2. Additions to federal income (from FID-1, page 2, line 4).....	+	2 99,999,999,999
3. Deductions from federal income (from FID-1, page 2, line 10).....	-	3 99,999,999,999
4. New Mexico taxable income. Add lines 1 and 2, then subtract line 3.....	=	4 99,999,999,999
5. Tax on line 4 amount. Use the Tax Rate Table in FID-1 instructions, page 9.....		5 99,999,999,999
6. New Mexico percentage of income (from FID-B, Schedule 1, line 16).....		6 <u>999.9999</u> %
7. New Mexico income tax. Multiply line 5 by the percentage on line 6 and enter here. If you do not need to complete Form FID-B, enter amount from line 5.....	+	7 99,999,999,999
8. Tax on lump-sum distributions (from worksheet in instructions).....	+	8 99,999,999,999
9. Total New Mexico tax. Add lines 7 and 8.....	=	9 99,999,999,999
10. Credit for taxes paid to another state (worksheet in instructions). <b>Include other state return copy</b> .....	-	10 99,999,999,999
11. Total credits applied against the income tax liability due (from FID-CR, line A). <b>Attach FID-CR</b> .....	-	11 99,999,999,999
12. <b>Net New Mexico income tax.</b> Subtract lines 10 and 11 from line 9. Cannot be less than zero.....	=	12 99,999,999,999

**Calculation of withholding tax and composite income tax** (Complete this section if filing withholding tax and/or composite tax for beneficiaries. Leave this section blank if filing only fiduciary income tax, or fiduciary income tax.)

13. Total allocable net income.....	13	99,999,999,999
14. Distributions to beneficiaries on which the fiduciary has elected to pay withholding tax.....	14	99,999,999,999
15. Withholding tax rate (5.9%).....	15	5.9%
16. Amount of withholding tax on distributions to beneficiaries. Multiply line 14 by line 15.....	16	99,999,999,999
17. Total withholding tax passed directly to beneficiaries (see instructions).....	17	99,999,999,999
18. Subtract line 17 from line 16. <b>This is the total amount of withholding tax</b> .....	18	99,999,999,999
19. Distributions the fiduciary has determined will be subject to composite income tax for electing beneficiaries.....	19	99,999,999,999
20. Composite income tax rate (5.9%).....	20	5.9%
21. Multiply line 19 by line 20. <b>This is the total amount of composite income tax</b> .....	21	99,999,999,999
22. Total New Mexico Tax. Add Lines 12, 18, and 21.....	22	99,999,999,999

**PAYMENTS AND WITHHOLDING**

23. Total Payments. <input checked="" type="checkbox"/> Estimated <input checked="" type="checkbox"/> Extension <input checked="" type="checkbox"/> Applied from prior year.....	23	99,999,999,999
24. New Mexico income tax withheld not included on lines 25 and 26. <b>Attach annual statement</b> .....	24	99,999,999,999
25. New Mexico income tax withheld from oil and gas proceeds. <b>Attach 1099-Misc or Form RPD-41285</b> .....	25	99,999,999,999

**2024 FID-1 (page 2)**  
**NEW MEXICO FIDUCIARY INCOME TAX RETURN**

2024 FID-1, PAGE 2  
 BARCODE SHOULD READ \*248099999\* where the last four digits are replaced with your vendor code.

Name of estate or trust as shown on Form FID-1, page 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	FEIN of estate or trust 99-9999999
--	---------------------------------------

The FID-1, accompanying schedules and payments are due on the same day as the required federal return. Mail the original return and tax due to the New Mexico Taxation and Revenue Department, P.O. Box 25127, Santa Fe, NM 87504-5127. You must pay tax due in full. **Do NOT SEND CASH.**

26. New Mexico income tax withheld from a pass-through entity. <b>Attach 1099-Misc or Form RPD-41359</b> .....	26	99,999,999,999
27. Amount from lines 25 and 26 passed to beneficiaries.....	27	99,999,999,999
28. Total payments and tax withheld. Subtract line 27 from the sum of lines 23-26.....	28	99,999,999,999
29. Tax Due. If line 22 is more than line 28, enter the tax due.....	+ 29	99,999,999,999
30. Penalty. See instructions.....	+ 30	99,999,999,999
31. Interest. See instructions.....	+ 31	99,999,999,999
32. Total amount due. Add lines 29, 30, and 31.....	= 32	99,999,999,999
33. Overpayment. If line 28 is more than line 22, enter the difference.....	33	99,999,999,999
33a. Amount of overpayment to apply to 2025 liability. Cannot be more than line 33.....	33a	99,999,999,999
33b. Amount of overpayment to refund. Subtract line 33a from line 33.....	33b	99,999,999,999
34. Total portion of tax credits to be refunded (from FID-CR, line B). <b>Attach FID-CR</b> .....	34	99,999,999,999
35. Total refund of overpaid tax and refundable credit due to you. Add lines 33b and 34.....	35	99,999,999,999

**ADJUSTMENTS TO FEDERAL INCOME FOR FIDUCIARY**

**ADDITIONS TO FEDERAL INCOME**

Non distributed shares of:

1. Federal net operating loss carryover.....	+ 1	99,999,999,999
2. Non-New Mexico municipal bond interest.....	+ 2	99,999,999,999
3. Amount of tax paid by a pass-through entity on allocable net income.....	+ 3	99,999,999,999
4. Total additions. Add lines 1, 2, and 3. Enter on FID-1, page 1, line 2.....	= 4	99,999,999,999

**DEDUCTIONS FROM FEDERAL INCOME**

Non distributed shares of:

5. New Mexico net operating loss ( <b>attach RPD-41375</b> ).....	+ 5	99,999,999,999
6. Interest from U.S. government obligations.....	+ 6	99,999,999,999
7. Net capital gains deduction. See instructions.....	+ 7	99,999,999,999
8. Deduction for income set aside for future distribution from an estate or trust to a nonresident individual.....	+ 8	99,999,999,999
9. Deduction for certain expenses related to a New Mexico licensed cannabis business.....	+ 9	99,999,999,999
10. Total deductions. Add lines 5, 6, 7, 8, and 9. Enter on FID-1, page 1, line 3.....	= 10	99,999,999,999

**DO NOT FILE**

**!! REFUND EXPRESS !! HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3, AND 4.**

RE1 1. Routing number:  RE3 3. Type: Checking  Savings   
 RE2 2. Account number:  Enter X  Enter X

4. REQUIRED: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.  
 RE4 YES  NO  You must answer this question.

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.  <b>Taxpayer's signature</b>  Signature of fiduciary or officer representing fiduciary _____ Date _____  Title _____ Contact phone number _____  Taxpayer's email address _____	<b>Paid preparer's use only:</b>	
	Signature of preparer if other than employee of the taxpayer _____ Date _____	
	Print preparer's name _____	
	P2 FEIN _____	
	P3 NMBTIN _____	
P4 Preparer's PTIN _____		
P5 Preparer's phone number _____		

# 2024 FID-B Schedule 1

## COMPUTATION OF NEW MEXICO PERCENTAGE

2024 FID-B, SCHEDULE 1  
 BARCODE SHOULD READ \*248189999\* where the last four digits are replaced with your vendor code.

Version code 9

Name of estate or trust as shown on Form FID-1, page 1  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FEIN of estate or trust  
 99-9999999

**ESTATES OR TRUSTS WITH INCOME FROM BOTH INSIDE AND OUTSIDE NEW MEXICO MUST COMPLETE THIS SCHEDULE.**

**NOTE:** The separate accounting method may not be used by a business in New Mexico.

	Column 1 Gross	Column 2 Less related expenses/ distributions	Column 3 Net	Column 4 Allocation to New Mexico
1. Dividends.....	1 999,999,999	999,999,999	999,999,999	999,999,999
2. Interest, including non-New Mexico municipal bond interest.....	2 999,999,999	999,999,999	999,999,999	999,999,999
3. Income from other fiduciaries, S corporations, partnerships, and limited liability entities.....	3 999,999,999	999,999,999	999,999,999	999,999,999
4. Rents and royalties.....	4 999,999,999	999,999,999	999,999,999	999,999,999
5. Profit or loss from the sale or exchange of assets.....	5 999,999,999	999,999,999	999,999,999	999,999,999
6. Net business and farm income. <b>Attach Form FID-B Schedule 2</b> See instructions.....	6		999,999,999	999,999,999
7. Other income. <b>Attach schedule</b> .....	7 999,999,999	999,999,999	999,999,999	999,999,999
8. Total of lines 1 through 7.....	8 999,999,999	999,999,999	999,999,999	999,999,999

8a. Calculate allocation percentage for deductions. Divide line 8, column 4 by line 8, column 3..... 8a 999.9999%

**For lines 9, 10, and 11, multiply the amount in Column 3 by the percentage in line 8a to get the allocation to New Mexico in Column 4.**

9. Deduction for exemption.....	9 999,999,999	999,999,999		
10. Deduction for distributions not shown above.....	+ 10 999,999,999	999,999,999		
11. Other deductions. <b>Attach schedule</b> .....	+ 11 999,999,999	999,999,999		
12. Total of lines 9, 10, and 11.....	= 12 999,999,999	999,999,999		
13. Taxable income of estate or trust. Subtract line 12 from line 8.....	13 999,999,999	999,999,999		
14. Income from lump-sum distributions. Attach federal Form 4972.....	+ 14 999,999,999	999,999,999		
15. Total income. Add lines 13 and 14.....	= 15 999,999,999	999,999,999		
16. New Mexico percentage of income. Divide line 15, column 4 by line 15, column 3. Calculate to four decimal places; for example, 22.6246%. Enter here and on FID-1, page 1, line 6.....	16 999.9999%			

# 2024 FID-B Schedule 2

## BUSINESS INCOME APPORTIONMENT FORMULA

2024 FID-B, SCHEDULE 2  
 BARCODE SHOULD READ \*248199999\* where the  
 last four digits are replaced with your vendor code.

Version code **9**

Name of estate or trust as shown on Form FID-1, page 1  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FEIN of estate or trust  
 99-9999999

**ESTATES OR TRUSTS WITH INCOME FROM BOTH INSIDE AND OUTSIDE NEW MEXICO MUST COMPLETE THIS SCHEDULE.  
 SEE INSTRUCTIONS BEFORE COMPLETING THIS SCHEDULE.**

Calculate each percentage below to four decimal places; for example, 22.6246%.

### PROPERTY FACTOR

	Column 1 Everywhere	Column 2 Inside New Mexico	Percent Inside New Mexico
Average annual value of inventory..... 1a	999,999,999	999,999,999	
Average annual value of real property..... 1b	999,999,999	999,999,999	
Average annual value of personal property..... 1c	999,999,999	999,999,999	
Rented property. Multiply annual rental value by 8..... 1d	999,999,999	999,999,999	
Total property..... 1e	999,999,999	999,999,999	

1. **Property factor.** Divide Total property, Column 2 by Column 1 and then multiply by 100..... **1 999.9999 %**

### PAYROLL FACTOR

Wages, salaries, commissions, and other compensation of employees related to apportionable income..... 2a **999,999,999 999,999,999**

2. **Payroll factor.** Divide Column 2 by Column 1 and then multiply by 100..... + **2 999.9999 %**

### SALES FACTOR

Gross receipts..... 3a **999,999,999 999,999,999**

3. **Sales factor.** Divide Column 2 by Column 1 and then multiply by 100..... + **3 999.9999 %**

4. **TOTAL** of lines 1, 2, and 3..... = **4 999.9999 %**

Count of factors..... 4a **9**

5. **Average New Mexico Percentage.** Divide line 4 by the number of factors entered in line 4a..... **5 999.9999 %**

Have you changed your reporting of any class or type of allocated or apportioned income from the way it was reported in a prior taxable year?  Yes  No

This entity submitted written notification of its election to use one of the special methods of apportionment of business income for tax year ending MM/DD/CCYY. The effective date of the election is MM/DD/CCYY. See instructions.  
Month/Day/Year Month/Day/Year

Mark the box indicating the special method elected.  Manufacturers  Headquarters Operation

# 2024 FID-D Fiduciary as Pass-Through Entity

## Detail of Beneficiary Withholding, and Composite Tax

2024 FID-D  
 BARCODE SHOULD READ \*248489999\* where the  
 last four digits are replaced with your vendor code.

FEIN  
 99-9999999

You can e-file and e-pay the FID return using the Department's Taxpayer Access Point (TAP) website at <https://tap.state.nm.us>.

1	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX				3b. City XXXXXXXXXXXX	3c. State XX	3d. ZIP/Postal XXXXXXXXXX	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X		5. Withholding required X		6. Reason Code 99		7. Beneficiary share of allocable net income 99,999,999,999	
	8. Beneficiary share of withholding tax 99,999,999,999					9. Amount of Beneficiary composite tax 99,999,999,999		

2	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX				3b. City XXXXXXXXXXXX	3c. State XX	3d. ZIP/Postal XXXXXXXXXX	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X		5. Withholding required X		6. Reason Code 99		7. Beneficiary share of allocable net income 99,999,999,999	
	8. Beneficiary share of withholding tax 99,999,999,999					9. Amount of Beneficiary composite tax 99,999,999,999		

3	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX				3b. City XXXXXXXXXXXX	3c. State XX	3d. ZIP/Postal XXXXXXXXXX	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X		5. Withholding required X		6. Reason Code 99		7. Beneficiary share of allocable net income 99,999,999,999	
	8. Beneficiary share of withholding tax 99,999,999,999					9. Amount of Beneficiary composite tax 99,999,999,999		

4	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX				3b. City XXXXXXXXXXXX	3c. State XX	3d. ZIP/Postal XXXXXXXXXX	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X		5. Withholding required X		6. Reason Code 99		7. Beneficiary share of allocable net income 99,999,999,999	
	8. Beneficiary share of withholding tax 99,999,999,999					9. Amount of Beneficiary composite tax 99,999,999,999		

If you need more space, print this *Schedule FID-D* directly from the website and attach the additional *FID-D Supplemental* forms as needed after the first page of this form.

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

**2024 FID-D Supplemental**  
**Detail of Beneficiary Withholding, and Composite Tax**

2024 FID-D SUPPLEMENTAL  
 BARCODE SHOULD READ \*24849999\* where the  
 last four digits are replaced with your vendor code.

FEIN  
 99-9999999

You can e-file and e-pay the FID return using the Department's Taxpayer Access Point (TAP) website at <https://tap.state.nm.us>.

1	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999	1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN	3a. Beneficiary Address (Number Street) XX			
	2. Beneficiary Name (First, Middle, Last) XX		3b. City XXXXXXXXXXXX	3c. State XX	3d. ZIP/Postal XXXXXXXXXX	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X	5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		
	8. Beneficiary share of withholding tax 99,999,999,999			9. Amount of Beneficiary composite tax 99,999,999,999		

2	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999	1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN	3a. Beneficiary Address (Number Street) XX			
	2. Beneficiary Name (First, Middle, Last) XX		3b. City XXXXXXXXXXXX	3c. State XX	3d. ZIP/Postal XXXXXXXXXX	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X	5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		
	8. Beneficiary share of withholding tax 99,999,999,999			9. Amount of Beneficiary composite tax 99,999,999,999		

3	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999	1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN	3a. Beneficiary Address (Number Street) XX			
	2. Beneficiary Name (First, Middle, Last) XX		3b. City XXXXXXXXXXXX	3c. State XX	3d. ZIP/Postal XXXXXXXXXX	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X	5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		
	8. Beneficiary share of withholding tax 99,999,999,999			9. Amount of Beneficiary composite tax 99,999,999,999		

4	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999	1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN	3a. Beneficiary Address (Number Street) XX			
	2. Beneficiary Name (First, Middle, Last) XX		3b. City XXXXXXXXXXXX	3c. State XX	3d. ZIP/Postal XXXXXXXXXX	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X	5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		
	8. Beneficiary share of withholding tax 99,999,999,999			9. Amount of Beneficiary composite tax 99,999,999,999		

If you need more space, print the *Schedule FID-D* directly from the website and attach the additional *FID-D Supplemental* forms as needed after the first page of this form.

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