

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

Form header section with fields for Name of estate or trust, Name and title of fiduciary, Address of fiduciary, City, State, Postal/ZIP code, and Federal Employer Identification Number.

Form section B-E containing questions about the trust creation date, final fiduciary return status, adjustments to federal taxable income, and applicable boxes for trust types.

Table with 6 columns for tax calculation: Federal taxable income, Additions, Deductions, New Mexico taxable income, Tax on line 4, and New Mexico percentage of income.

Calculation of withholding tax and composite income tax (Complete this section if filing withholding tax and/or composite tax for beneficiaries.)

Table with 6 columns for withholding and composite tax calculation: Total allocable net income, Distributions to beneficiaries, Withholding tax rate, Amount of withholding tax, Total withholding tax, and Composite income tax rate.

PAYMENTS AND WITHHOLDING

Table with 6 columns for payment and withholding: Total Payments, New Mexico income tax withheld not included, and New Mexico income tax withheld from oil and gas proceeds.

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
FEIN of estate or trust

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.

Table with 2 columns: Description (lines 26-35) and Amount (99,999,999,999). Includes items like New Mexico income tax withheld, total payments, tax due, and total refund.

ADJUSTMENTS TO FEDERAL INCOME FOR FIDUCIARY

ADDITIONS TO FEDERAL INCOME

Non distributed shares of:

Table with 2 columns: Description (lines 1-4) and Amount (99,999,999,999). Includes Federal net operating loss carryover, non-New Mexico municipal bond interest, and tax paid by a pass-through entity.

DEDUCTIONS FROM FEDERAL INCOME

Non distributed shares of:

Table with 2 columns: Description (lines 5-10) and Amount (99,999,999,999). Includes New Mexico net operating loss, interest from U.S. government obligations, net capital gains deduction, and other deductions.

DO NOT FILE

!! REFUND EXPRESS !! HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3, AND 4.
RE1 1. Routing number: [] RE2 2. Account number: [] RE3 3. Type: Checking [] Savings []
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.
Taxpayer's signature
Signature of fiduciary or officer representing fiduciary Date
Title Contact phone number
Taxpayer's email address

Paid preparer's use only:
Signature of preparer if other than employee of the taxpayer Date
P1 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
XX

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.

TAX INFORMATION AND POLICY OFFICE

	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. Attach Form FID-B Schedule 2 See instructions.....	6		999,999,999	999,999,999
7. Other income. Attach schedule	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

DRAFT FORM
DO NOT FILL

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.

TAX INFORMATION AND POLICY OFFICE

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. Attach schedule	+ 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
XX

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%.

TAX INFORMATION AND POLICY OFFICE

PROPERTY FACTOR

Table with 3 columns: Column 1 Everywhere, Column 2 Inside New Mexico, Percent Inside New Mexico. Rows include Average annual value of inventory, real property, personal property, Rented property, and Total property.

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 %

DO NOT FILE
TAX INFORMATION AND POLICY OFFICE

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? [X] Yes [X] 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.

Mark the box indicating the special method elected. [X] Manufacturers [X] 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.

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