2024	S-Corp	New M	lexico Sub-	Chapter S
Corpo	rate Inc	ome and	d Franchise	Tax Return

Co	orporate Income and Franchise Tax Return		BARCOD		024 S-		99* where the	
	Corporation name						vendor code.	
1a	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X						
	Mailing address (number and street name)							
2a	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	х		Disaster Relief			Vendor Produc	t Version
	City State Postal/ZIP code	T XX		XXXXXX	XXXX	XXXX	9999 99	9
За	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	I	ONE (Rec					
	If foreign address, enter country Foreign province and/or state		Original Ret			FOR DEP	ARTMENT US	E ONLY
3b	xxxxxxxxxxxxxxxx	=	Amended R					
	FEIN (Required) NAICS Code (Required)		4b.(i) Type:	<u>MM / DD</u>	/ c c :			
5a	99-999999 _{5b} 9999999	2	4b.(II) Date:	MM/DD	<i>/</i> C C	1 1		
Fi	iscal (or Short-Year) Tax Year Starts Fiscal (or Short-Year) Tax Year Ends	Federal Due	. Date		Exte	nded Due D)ate	
6a				6d T	-			
Ua	THE DD CCIT		CCYY		MM		CYY	
A.	State where organized XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	B. Da	ate of organ	izationMI	M/DI	D/CCYY		
C.	Date business began in New Mexico MM/DD/CCYY	A D. Da	ate terminat	ed in New M	1exico	MM/D	D/CCYY	
E.	Name and address of registered agent in New Mexico XXXXXX	XXXXXXX		XXXXXX.	<mark></mark>	XXXXXX	XXXXXXX	XX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	XXXXXX	XXXXXX	ΚΧΧΣ	XXXXX	XXXXXXX	XX
	mailing address cit	у		state		ZIP	code	
1	Income taxable to corporation. (from S-Corp-C, line 4, column 1) See	instructions			1	999 9	99,999,	999
1.					+		99,999,	
2.	Tax on amount on line 1. See the Tax Rate Table on page 9 in the inst				2			
3.	New Mexico percentage. Enter 100% or the percentage from S-Corp-					3	00000	
4.	New Mexico income tax <mark>. Multip</mark> ly line 2 by <mark>line 3</mark>	<mark></mark>			4		99,999,	
5.	Total tax credits applied against income tax liability on line 4 (from S-Co	orp-CR, lin <mark>e A</mark>). 🗗	Attach S-C	orp-CR	5		99,999,	
6.	New Mexico income tax less tax credits. Subtract line 5 from line 4. C	annot be <mark> a</mark> ne	gative num	ber	6		99,999,	
7.	Franchise tax. \$50 per S corporation or entity taxed as S corporation.				7	999,9	99,999,	999
8.	Total income and franchise tax. Add lines 6 and 7				8	999,9	99,999,	999
9.	Total withholding, composite, and entity-level tax. (from S-Corp-1, line				9	999,9	99,999,	999
	Total New Mexico tax. Add line 8 and line 9	•			10		99,999,	
	Amended returns only. Enter 2024 refunds received and overpaymer				11		99,999,	
					-		99,999,	
					12	•		
		n prior year			13		99,999,	
	New Mexico income tax withheld from oil and gas proceeds. Attach 1				14		99,999,	
	New Mexico income tax withheld from pass-through entities. Attach 1				15		99,999,	
16.	Total payments and withholding. The sum of lines 13, 14, and 15	<mark></mark>			16		99,999,	
17.	Tax due. If line 12 is greater than line 16, subtract 16 from 12 and ente	<mark>er t</mark> he d <mark>iffe</mark> renc	ce <mark></mark>		17		99,999,	
18.	Penalty. See Instructions				18	999,9	99,999,	999
19.	Interest. See Instructions				19	999,9	99,999,	999
20.	Total amount due. Add lines 17, 18, and 19				20	999,9	99,999,	999
	Overpayment. If line 16 is greater than line 12, subtract 12 from 16 and				21		99,999,	
	21a. Amount of overpayment to apply to 2025 income tax liability. Can				21a		99,999,	
	21b. Amount of overpayment to refund. Subtract line 21a from line 21				21b		99,999,	
22	IAAINEURINAIIUN	and enter the	dillerence.		12 10	33373	70,000,	555
ZZ .	Total portion of tax credits to refund.				22	99 99	9,999,9	a a
	(from S-Corp-CR, line B). Attach S-Corp-CR				-			
23.	Total refund of overpaid tax and refundable credit due to you. Add line	es 21b and 22.			23	99,99	9,999,9	99
Re	efund Express!! Have your refund directly deposited. See instruct	ions and fill in	1, 2, 3, and 4				REFUND GO TO	
		booking \square	Cavina	- THE			NT LOCATED OU If yes, you may not	
	55555555555555555555555555555555555555	thecking X	Saving Enter X .	2 1 10101		ry option. See i		
RE2	2 2. Account number: 9999999999999999			RE4 Y	es X	ио Х	You must ans this question.	
T	axpayer's Signature	Paid Pre	parer's l	Jse Only				
	eclare that I have examined this return, including accompanying schedules and statements, and		, pui. 0. 0 \	,				
	the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer her than taxpayer or an employee of the taxpayer) is based on all information of which preparer	Signature of p	preparer if other	er than employ	ee of th	e taxpayer	Date	
	s any knowledge.	1 * .		XXXXXX			XXX	
		·	arer's name			12 12 12 12 1		
s	ignature of officer, member, or partner Date	. ` ` `		0000-) N Q			
				99999-1	009			
۱ ـ	XXXXXXXXXXXXXXXXXX (999)999-9999		99-999		000			
	itle Contact phone number	P4 Prepare		X9999				
Та	axpayer's email address $\ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX$	P5 Prepare	er's phone n	umber <u>(9</u>	99)	<u>999-99</u>	99	_

2024 S-Corp-1 Income Taxable To Owners FEIN

FEIN 99-9999999 2024 S-Corp-1A
BARCODE SHOULD READ *245079999* where the last four digits are replaced with your vendor code.

CALCULATION OF NET INCOME TAXABLE TO OWNERS

Ordinary business income (loss) from federal Form 1120S, Schedule K	1	999,999,999,999
Other income (loss) from federal Form 1120S, Schedule K	2	999,999,999,999
Interest income from municipal bonds, excluding New Mexico bonds	3	999,999,999,999
 4. Subtotal of lines 1 through 3 5. Interest from U.S. government obligations or federally-taxed New Mexico bonds 	4 5	999,999,999,999
6. Allowable deductions from Schedule K	6	999,999,999,999
7. Deduction for certain expenses related to a New Mexico licensed cannabis business	7	999,999,999,999
8. Total Allocated income (from S-Corp-B, line 8, column 1)	8	999,999,999,999
9. Apportionable income. Add lines 5, 6, 7, and 8, then subtract from line 4	_	999, 999, 999, 999
11. New Mexico apportionable income. Multiply line 9 by line 10	11	999,999,999,999
12. New Mexico allocated income (from S-Corp-B, line 9, column 2)	12	999,999,999,999
13. New Mexico net income. Add lines 11 and 12	=	999,999,999,999
14. Amount of net income from line 13 that is subject to PTE withholding tax	14	
15. Withholding tax rate	15	5.9%
16. Multiply line 14 by line 15. Amount of withholding tax on net income	16	333,333,333,333
17. Total withholding tax passed directly to owners (see instructions)	17	999, 999, 999, 999
18. Subtract line 17 from line 16. Total withholding tax	18	<mark>9</mark> 99,999,999,999
19. Amount of net income from line 13 subject to composite income tax	19	999,999,999,999
20. Composite income tax rate	20	5.9%
21. Multiply line 19 by line 20. Total composite income tax	21	999,999,999,999
to file and pay entity-level tax.		
22. New Mexico taxable income from line 13	22	999,999,999,999
23. New Mexico net capital gains deduction	23	999,999,999,999
24. Distributions not subject to entity-level tax	24	999,999,999,999
25. Distributions subject to entity-level tax. Add 23 and 24, then subtract from line 22	25	999,999,999,999
26. Entity-level tax rate	26	5.9%
27. Multiply line 25 by line 26. Total entity-level tax	27	999,999,999,999
28. Total withholding, composite and entity-level tax. Sum of lines 18, 21, and 27. Enter here and on S-Corp line 9		999,999,999,999

2024 S-Corp-A New Mexico Apportionment Factors

2024 S-Corp-A/B BARCODE SHOULD READ *245089999* where the last four digits are replaced with your vendor code.

99-9999999

Version code 9	Column 1 Total Everywhere	Column 2 Inside New Mexico	Percent Inside New Mexico
PROPERTY FACTOR	· · · · · · · · · · · · · · · · · · ·		
Average annual value of inventory		999,999,999,999	Calculate each
Average annual value of real property		999,999,999,999	percentage to four
Average annual value of personal property		999,999,999,999	decimal places; for example, 22.5431%
Rented property. Multiply annual rental value by 8		999,999,999,999	example, 22.545 1%
Total property	. 1e 999,999,999,999	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 Total compensation of employees	. 2a 999,999,999,999	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	999,999,999,999	
 Sales factor. Divide column 2 by column 1 and the Sum of factor percentages. Add lines 1, 2, a Count of factors. Enter the total count of a 	and 3	= 4	
5. Average Percentage. Divide line 4 by the cour			
enter on S-Corp-1, line,9			999.9999%
A. This entity submitted written notification of its elector for tax year ending MM/DD/CCYY. The elector is a submitted written notification of its elector for tax year ending MM/DD/CCYY.	ffective date of the election is $\frac{MM}{i}$		
•	d IVI Manutacturare		
B. Mark the box indicating the special method electe	d. X Manufacturers	M Licaddaditors oboration	

	DO NO		C <mark>ol</mark> umn 1 Total Income Everywhere	Column 2 New Mexico Income
1.	Net non-business dividends	1	999,999,999,999	999,999,999,999
2.	Net non-business interest	2	999,999,999,999	999,999,999,999
3.	Net non-business rents (loss) ORMATION A	3	999,999,999,999	999,999,999,999
4.	Net non-business royalties	4	999,999,999,999	999,999,999,999
5.	Net non-business profit on sale of assets (loss)	5	999,999,999,999	999,999,999,999
6.	Net non-business partnership income (loss)	6	999,999,999,999	999,999,999,999
7.	Other net non-business income (loss)	7	999,999,999,999	999,999,999,999
8.	Total allocated income. Add Column 1, lines 1 through 7, and enter on S-Corp-1, line 8	8	000 000 000 000	
9.		L	999,999,999,999	
	lines 1 through 7, and enter on S-Corp-1, line 12	9		999,999,999,999

2024 S-Corp-CAllocated And Apportioned Income Taxed To S Corporations

2024 S-Corp-C
BARCODE SHOULD READ *245099999* where the last four digits are replaced with your vendor code.

FEIN 99-999999

If you are an S corporation with federal taxable income, complete this section.

1.	Capital gains Net capital gains (from Schedule D of federal Form 1120S) See instruc-	Column 1 Column 2 Total Income Everywhere New Mexico Income
	tions for allocation rules	1 999,999,999,999 999,999,999,999
2.	Passive income Excess net passive income (from federal worksheet in the 1120S instructions for excess net passive income)	2 999,999,999,999 999,999,999,999
3.	Net recognized built-in gain (from Schedule D, federal Form 1120S)	3 999,999,999,999 999,999,999,999
4.	Total. Add lines 1, 2, and 3	4 999,999,999,999 999,999,999,999
5.	New Mexico percentage. Divide line 4, column 2, by line 4, column 1, and then multiply by 100. Enter on Form S-Corp. line 3	5 999 .9999 %

DO NOT FILE

TAX INFORMATION AND POLICY OFFICE

2024 S-Corp-D Detail of Owner Withholding, Composite Tax and Entity-Level Tax

2024 S-Corp-D
BARCODE SHOULD READ *245289999* where the last four digits are replaced with your vendor code.

FEIN 99-999999

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

	1a. Owner SSN/ITIN/FE	EIN		1b. ID Provided SSN/ITIN	3a. Owner Address (Number Street)					
	99-999-99	99		≦ SSN/ITIN Ĭ FEIN	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
	2 Owner Name (First, Middle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code			
1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXXX	XXXXXXXXXXXXXX	XX	99999	<u> </u>		
'	Residency Status X	5. Withholding r	required X	6. Reason Code 9 9	7. Owner share of allocable net income	1	of withholding tax	9. Owner Percentage 999.99999%		
	^		Λ	99	99,999,999,999	55,555	, , , , , , , , , , , ,	000.0000		
	10. Amount of owner co	$\Delta X \Pi$	11. Owner shar	e of allocable net income	N AND POLIC	12. Owner shar	re of entity-level tax	000000		
	99,999,99	99,999		41119	9,999,999,999	99,999,999,999				
	1a. Owner SSN/ITIN/FEIN 1b. ID Provided ☑ SSN/ITIN				3a. Owner Address (Number Street)					
	99-999-99	99		☑ FEIN	XXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXX	XXXXXXXX		
	2 Owner Name (First, M	/liddle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code		
2	XXXXXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXXXXXXXXX	XX	99999	X <u>XX</u>		
	4. Residency Status	5. Withholding r		6. Reason Code	7. Owner share of allocable net income		of withholding tax	9. Owner Percentage 999.9999 %		
	x 99							999.999976		
	10. Amount of owner composite tax 11. Owner share of allocable net income									
	99,999,99	99,999		9	9,999,999,999		99,999,	999,999		
	1a. Owner SSN/ITIN/FEIN 1b. ID Provided PI SSN/ITIN									
	1a. Owner SSN/ITIN/FE	EIN			3a. Owner Address (Number Street)					
	1a. Owner SSN/ITIN/FE			1b. ID Provided SSN/ITIN FEIN	3a. Owner Address (Number Street)	XXXXXXX	XXXXXXXX	XXXXXXXXX		
		99		Ŭ SSN/ITIN	, , , , , , , , , , , , , , , , , , ,	3c. State	XXXXXXXX 3d. ZIP/Postal	XXXXXXXXXX 3e. Mark if outside of the US/ Country Code		
3	99-999-99	999 Middle, Last)	XXXXXX	Ä SSN/ITIN Ä FEIN	xxxxxxxxxxxxxx	1		3e. Mark if outside of		
3	99-999-99 2 Owner Name (First, N XXXXXXXXX 4. Residency Status	999 Middle, Last)	required	ŠI SSN/ITIN ŠI FEIN XXXXXXXXX 6. Reason Code	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share	3d. ZIP/Postal 99999 of withholding tax	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage		
3	99-999-99 2 Owner Name (First, N	999 Middle, Last)		₫ SSN/ITIN ₫ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share	3d. ZIP/Postal 99999 of withholding tax	3e. Mark if outside of the US/ Country Code		
3	99-999-99 2 Owner Name (First, M XXXXXXXXX 4. Residency Status X	diddle, Last) XXXXXX 5. Withholding romposite tax	required X	SSN/ITIN FEIN XXXXXXXX 6. Reason Code 9 9	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 999,999	3d. ZIP/Postal 99999 of withholding tax , 999, 999	3e. Mark if outside of the US/ Country Code XI XX 9. Owner Percentage 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
3	99-999-99 2 Owner Name (First, M XXXXXXXXX 4. Residency Status X	diddle, Last) XXXXXX 5. Withholding romposite tax	required X	SSN/ITIN FEIN XXXXXXXX 6. Reason Code 9 9	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 999,999	3d. ZIP/Postal 99999 of withholding tax , 999, 999	3e. Mark if outside of the US/ Country Code XI XX 9. Owner Percentage 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
3	99-999-99 2 Owner Name (First, N XXXXXXXXX 4. Residency Status X 10. Amount of owner co 99,999,99	iddle, Last) XXXXXX 5. Withholding remposite tax 9 9 , 9 9 9	required X	SSN/ITIN FEIN XXXXXXXX 6. Reason Code 9 9 e of allocable net income	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 999,999	3d. ZIP/Postal 99999 of withholding tax , 999, 999	3e. Mark if outside of the US/ Country Code XI XX 9. Owner Percentage 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
3	99-999-99 2 Owner Name (First, M XXXXXXXX 4. Residency Status X 10. Amount of owner co 99,999,99 1a. Owner SSN/ITIN/FE 99-999-99	iddle, Last) XXXXXX 5. Withholding remposite tax 9 9, 9 9 9	required X	SSN/ITIN FEIN XXXXXXXX 6. Reason Code 9 9	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner share	3d. ZIP/Postal 99999 of withholding tax , 999, 999 e of entity-level tax 99, 999,	3e. Mark if outside of the US/ Country Code X1 XX 9. Owner Percentage 999.99996 44 45 46 47 47 48 48 48 48 48 48 48 48		
3	99-999-99 2 Owner Name (First, N XXXXXXXXX 4. Residency Status X 10. Amount of owner co 99,999,99	iddle, Last) XXXXXX 5. Withholding remposite tax 9 9, 9 9 9	required X	SSN/ITIN Signal FEIN XXXXXXXX 6. Reason Code 9 9 e of allocable net income	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner share	3d. ZIP/Postal 99999 of withholding tax , 999, 999 e of entity-level tax 99, 999,	3e. Mark if outside of the US/ Country Code X1 XX 9. Owner Percentage 999.999%		
	99-999-99 2 Owner Name (First, M XXXXXXXX 4. Residency Status X 10. Amount of owner co 99,999,99 1a. Owner SSN/ITIN/FE 99-999-99	iddle, Last) XXXXXX 5. Withholding remposite tax 9 9 , 9 9 9 EIN 9 9 9	11. Owner shar	SSN/ITIN Signal FEIN XXXXXXXX 6. Reason Code 9 9 e of allocable net income	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner share	3d. ZIP/Postal 99999 of withholding tax , 999, 999 e of entity-level tax 99, 999,	3e. Mark if outside of the US/ Country Code X1 XX 9. Owner Percentage 999.99996 XXXXXXXXXXXX 3e. Mark if outside of		
3	99-999-99 2 Owner Name (First, N XXXXXXXXX 4. Residency Status X 10. Amount of owner co 99, 999, 99 1a. Owner SSN/ITIN/FE 99-999-99 2 Owner Name (First, N XXXXXXXXX 4. Residency Status	iddle, Last) XXXXXX 5. Withholding remposite tax 9 9 , 9 9 9 EIN 9 9 9	11. Owner share	SSN/ITIN FEIN AXXXXXXXX 6. Reason Code 9 9 e of allocable net income SSN/ITIN FEIN XXXXXXXXX 6. Reason Code	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner shar XXXXXX 3c. State XX 8. Owner share	3d. ZIP/Postal 99999 of withholding tax , 999, 999 e of entity-level tax 99, 999, XXXXXXXXX 3d. ZIP/Postal 99999 of withholding tax	3e. Mark if outside of the US/ Country Code XX 9. Owner Percentage 9 9 9 , 9 9 9 9% XXXXXXXXX 3e. Mark if outside of the US/ Country Code XXXXXXXXX 9. Owner Percentage		
	99-999-99 2 Owner Name (First, N XXXXXXXXX 4. Residency Status X 10. Amount of owner co 99,999,99 1a. Owner SSN/ITIN/FE 99-999-99 2 Owner Name (First, N XXXXXXXXX 4. Residency Status X	iddle, Last) XXXXXX 5. Withholding remposite tax 9 9, 9 9 9 EIN 9 9 9 Middle, Last)	11. Owner share XXXXXXX required X	SSN/ITIN Signal FEIN XXXXXXXX 6. Reason Code 9 9 4b. ID Provided SSN/ITIN SIGNAL XXXXXXXX 6. Reason Code 9 9	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner share XXXXXXX 3c. State XX 8. Owner share 9 9 , 9 9 9	3d. ZIP/Postal 99999 of withholding tax , 999, 999 e of entity-level tax 99, 999, XXXXXXXXX 3d. ZIP/Postal 99999 of withholding tax , 999, 999	3e. Mark if outside of the US/ Country Code X1 XX 9. Owner Percentage 999,999% XXXXXXXXXX 3e. Mark if outside of the US/ Country Code XX XX		
	99-999-99 2 Owner Name (First, N XXXXXXXXX 4. Residency Status X 10. Amount of owner co 99, 999, 99 1a. Owner SSN/ITIN/FE 99-999-99 2 Owner Name (First, N XXXXXXXXX 4. Residency Status	iddle, Last) XXXXXX 5. Withholding remposite tax 9 9, 9 9 9 EIN 9 99 Middle, Last) XXXXXXX 5. Withholding remposite tax	11. Owner share XXXXXXX required X	SSN/ITIN SireIN XXXXXXXX 6. Reason Code 9 9 4b. ID Provided SSN/ITIN SIREIN XXXXXXXX 6. Reason Code 9 9 4 b. ID Provided 9 9 4 c. ID Provided 9 9 c. ID Provided 9 9 c. ID Provided	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner share XXXXXXX 3c. State XX 8. Owner share 9 9 , 9 9 9	3d. ZIP/Postal 99999 of withholding tax , 999, 999 e of entity-level tax 99, 999, XXXXXXXXX 3d. ZIP/Postal 99999 of withholding tax	3e. Mark if outside of the US/ Country Code XX 9. Owner Percentage 999,999 XXXXXXXXXX 3e. Mark if outside of the US/ Country Code XX 9. Owner Percentage 999.999966		

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

Page: 999 of 999

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

2024 S-Corp-D Supplemental Detail of Owner Withholding, Composite Tax and Entity-Level Tax

2024 S-Corp-D-Supplemental
BARCODE SHOULD READ *245299999* where the
last four digits are replaced with your vendor code.

FEIN 99-9999999

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

	1a. Owner SSN/ITIN/FE	EIN		1b. ID Provided	3a. Owner Address (Number Street)				
	99-999-99	99		Ä SSN/ITIN Ä FEIN	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				
	2 Owner Name (First, Middle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code		
1	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			XXXXXXXXXXXXXX	XX	99999	XI XX		
'	4. Residency Status	5. Withholding r	required X	6. Reason Code	7. Owner share of allocable net income 99, 999, 999, 999, 999	1	of withholding tax	9. Owner Percentage 9 9 9 • 9 9 9 9 %	
	X							555 . 5555 /6	
	10. Amount of owner co		11. Owner shar	e of allocable net income	subject to entity-level tax	12. Owner shar	e of entity-level tax	999,999	
	1a. Owner SSN/ITIN/FE	EIN		1b. ID Provided	3a. Owner Address (Number Street)	-			
	99-999-9999 💆 SSN/ITIN				XXXXXXXXXXXXXXXX	XXXXXX	XXXXXXX	XXXXXXXX	
	2 Owner Name (First, N	/liddle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code	
2	XXXXXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXXXXXXXXX	XX	99999	XI XX	
-	4. Residency Status	5. Withholding r	required X	6. Reason Code 9 9	7. Owner share of allocable net income 99, 999, 999, 999, 999		of withholding tax , 999, 999	9. Owner Percentage 999.99999%	
	10. Amount of owner composite tax 11. Owner share of allocable net income			subject to entity-level tax	12. Owner share of entity-level tax				
	99,999,99	99,999		9	9,999,999,999		99,999,	999,999	
	1a. Owner SSN/ITIN/FE	EIN		1b. ID Provided SSN/ITIN	3a. Owner Address (Number Street)				
	99-999-9999 💆 FEIN			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	2 Owner Name (First, Middle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code		
3	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			XXXXXXXXXXXXXXX	XX	99999	X XX		
	4. Residency Status	5. Withholding r	required	6. Reason Code 9 9	7. Owner share of allocable net income 99, 999, 999, 999, 999		of w <mark>ithholding ta</mark> x	9. Owner Percentage 999.99999%	
	10. Amount of owner co	omposite tax	11. Owner shar	e of a <mark>lloc</mark> able net income	subject to entity-level tax	12. Owner shar	e of entity-level tax		
	99,999,99	99,999		9	9,999,999,999		99,999,	999,999	
	1a. Owner SSN/ITIN/FE	EIN		1b. ID Provided	3a. Owner Address (Number Street)				
	99-999-99	99		Ď SSN/ITIN Ď FEIN	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				
	2 Owner Name (First, N	2 Owner Name (First, Middle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code	
4	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXXXXXXXX	XX	99999	X XX	
	4. Residency Status	5. Withholding r	required X	6. Reason Code 9 9	7. Owner share of allocable net income 99, 999, 999, 999, 999	8. Owner share 99, 999	of withholding tax	9. Owner Percentage 9 9 9 • 9 9 9 9%	
1	21								
	10. Amount of owner co	•	11. Owner shar	e of allocable net income	Subject to entity-level tax	12. Owner shar	e of entity-level tax		

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

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