# Final 1.2 10/30/2024

## 2024 PIT-1

#### **NEW MEXICO PERSONAL INCOME TAX RETURN**

For the year January 1 - December 31, 2024 or fiscal year beginning  $_{E,1}$  MM/DD/CCYY ending  $_{E,2}$  MM/DD/CCYY ending  $_{E,2}$  MM/DD/CCYY

2024 PIT-1, PAGE 1
BARCODE SHOULD READ \*240189999\* where the last four digits are replaced with your vendor code.

FOR DEPARTMENT USE ONLY

ber 31, 2024
DD/CCYY ending 5 MM/DD/CCYY

9999 99 9 Age 65 Residency Print your name (first, middle, last SOCIAL SECURITY NUMBER or over status Taxpayer's date of birth 999-99-9999 Χ 1f MM/DD/CCYY rint your spouse's name (first, middle, last). If married filing separately, include spouse Spouse's date of birth 999-99-9999 2f MM/DD/CCYY 2e Taxpaver's date of death If a deceased taxpayer's refund must If taxpayer or spouse died before this If the address is new or changed, mark this box. be made payable to a person other 4c MM/DD/CCYY return is filed, enter than the taxpaver or spouse named Mailing Address (Number and street) date of death on this return, enter below the name Spouse's date of death and social security number of that 4d MM/DD/CCYY person. You must also attach Form State Postal/ZIP Code Residency status: XX XXXXXXXX For taxpayer and spouse If foreign address, enter country Foreign province and/or state (1e and 2e), enter: Claimant's Name R if Resident XXXXXXXXXXX 999-99-9999 N if Non-Resident **EXEMPTIONS:** Taxpayer, spouse, dependents, and other dependents Claimant's SSN F if First-Year Resident reported on federal Form 1040. If you are a dependent or other dependent of P if Part-Year Resident another taxpayer, enter 00. (See instructions) EXTENSION OF TIME TO FILE: If you have a federal or state 7. FILING STATUS. Mark only one box. 6b MM/DD/CCYY extension, mark box 6a and enter the extension date in box 6b. (1) Single X DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return. (You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries. (2) Married filing jointly Column 2 Column 3 (3) Married filing separately (Enter spouse's name Χ First name Last name Date of birth (MM/DD/CCYY) Dependent's SSN and social security number in 2a and 2b.) 999-99-9999 MM/DD/CCYY 999-99-9999 (4) Head of household (Enter name of person MM/DD/CCYY qualifying you as head of household if that person is not 999-99-9999 MM/DD/CCYY counted as a qualified dependent on your federal return.) 999-99-9999 MM/DD/CCYY X (5) Surviving Spouse with dependent child 999-99-9999 MM/DD/CCYY FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11) ...... 999,999,999 9. 999,999,999 If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions ...... 11. Total Additions to federal adjusted gross income (PIT-ADJ, line 6). Attach PIT-ADJ...... 11 999, 999, 999 999,999,999 12. Federal standard or itemized deduction amount (from federal Form 1040, line 12...... Deduction for certain dependents. See the worksheet in the instructions..... 999,999,999 999,999,999 14 New Mexico low- and middle-income tax exemption. See PIT-1 instructions ...... 14 <del>999,999,999</del> 15 15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 28). Attach PIT-ADJ...... 999,999,999 Medical care expense deduction. See PIT-1 instructions. You must complete both lines 16 and 16a or the deduction will be denied 999,999,999 999,999,999 17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16 ...... 17 Cannot be less than zero 999,999,999 New Mexico tax on amount on line 17 or from PIT-B, line 14 ..... 999,999,999 19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions ...... + 999,999,999 20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or 20 part of the year. Include a copy of other state's return. See PIT-1 instructions ...... 999,999,999 21 Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR 999,999, NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, Continue on the next page.

your due date is April 30, 2025. All others must file by April 15, 2025. See PIT-1 instructions for details.

## Final 1.2 10/30/2024

**2024 PIT-1** (page 2)

## **NEW MEXICO PERSONAL INCOME TAX RETURN**

Version Code C

YOUR SOCIAL SECURITY NUMBER

999-99-9999

2024 PIT-1, PAGE 2
BARCODE SHOULD READ \*240199999\* where the last four digits are replaced with your vendor code.

**Do not** submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to: New Mexico Taxation and Revenue Department, P. O. Box 25122, Santa Fe, New Mexico 87504-5122

23.	The amount on line 22 from page 1		23	999,999,999	
24.	Total claimed on rebate and credit schedule (PIT-RC, line 26 ). Attach PIT-RC		24	999,999,999	
25.	Working families tax credit. (You must complete lines 25, 25a, and 25b* or the deduction will be denied.)	+	25	999,999,999	
	25a. The amount of federal earned income credit (EIC) reported on your 2024 federal income tax return or calculated under NM Expansion 25a 999, 999, 999				
	25b. *NM Expansion Only: Check this box if you <b>did not</b> qualify for the EIC on your federal return 25b $\chi$				
26.	Refundable business-related income tax credits from Schedule PIT-CR, line B. <b>Attach PIT-CR</b>	+	26	999,999,999	
27.	New Mexico income tax withheld. Attach annual statements of income and withholding	+	27	999,999,999	
28.	New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	+	28		
29.	New Mexico income tax withheld from or paid as Entity-level tax or Composite income tax by a pass-through entity. Attach 1099-Misc or RPD-41359	+	29	999,999,999	
30.	2024 estimated income tax payments. See PIT-1 instructions	+	30	999,999,999	
31.	Other Payments	+	31	999,999,999	
32.	TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31	=	32	999,999,999	
33.	TAX DUE. If line 22 is greater than line 32, enter the difference here		33	999,999,999	
34.	Penalty on underpayment of estimated tax. See PIT-1 instructions	+	34	999,999,999	
35.	Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272		35	9	
36.	Penalty. See PIT-1 instructions.	+	36	999,999,999	
37.		+	37	999,999,999	
	TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37	=	38	999,999,999	
39.	OVERPAYMENT. If line 23 is less than line 32, enter the difference here		39	999,999,999	
40.	Refund voluntary contributions (PIT-D, line 18). Attach <b>PIT-D</b>	-	40	999,999,999	
	Amount from line 39 you want applied to your 2025 Estimated Tax	-	41	999,999,999	
42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41		42	999,999,999	
Refund Express!! Have it directly deposited! See instructions and complete all questions in this block.  RE. 1 Routing Number 99999999 RE. 2 Account Number 99999999999999 RE.3 Account Type: Checking X Savings X  Re. 4: Will this refund go to or through an account outside of the United States? Important: If "yes," you can not use this refund method. See instructions. Yes X  No X					
Check this box if you would like to see if you and the members of your household qualify for medical insurance through the Health Care Authority (HCA) or Health Insurance Exchange (NMHIE). Important: Checking this box gives the Taxation and Revenue Department permission to share information provided on the PIT-1 and PIT-S with HCA and NMHIE. See instructions for additional information.					
اطما					

I declare 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.

Your signature TAX INFORM	1A	Date MM/DD/CCYY
Driver's License, State ID No. or enter "NONE" or "DECLINED"	State	Expiration Date
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	MM/DD/CCYY
Spouse's signature		Date
		MM/DD/CCYY
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expira		Expiration Date
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	MM/DD/CCYY

(If filing jointly, BOTH must sign even if only one had income.)

Taxpayer's phone number (999)999-9999

Paid preparer's use o	nly:
-----------------------	------

- P.1 Firm's name (or yours, if self-employed)
- P.2 NMBTIN 99-999999-009
- P.3 Preparer's PTIN X99999999
- P.4 FEIN 99-999999
- P.5 Preparer's phone number (999) 999–9999

Mark this box if Form RPD-41338 is on file for this tax-payer. See PIT-1 instructions.