

2024 PIT-1  
NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2024  
or fiscal year beginning F<sub>1</sub> MM/DD/CCYY ending F<sub>2</sub> MM/DD/CCYY  
If amending use Form 2024 PIT-X.

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

FOR DEPARTMENT USE ONLY

Vendor Product Version  
9999 99 9

Disaster Relief  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Print your name (first, middle, last)  
1a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Print your spouse's name (first, middle, last). If married filing separately, include spouse.  
2a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SOCIAL SECURITY NUMBER Blind Age 65 or over Residency status Taxpayer's date of birth  
1b 999-99-9999 1c  1d  1e  1f MM/DD/CCYY  
2b 999-99-9999 2c  2d  2e  2f MM/DD/CCYY

3a  If the address is new or changed, mark this box.  
Mailing Address (Number and street)  
3b XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
City State Postal/ZIP Code  
3c XXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXX  
If foreign address, enter country Foreign province and/or state  
3d XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
99 EXEMPTIONS: Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)

4. If deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter below the name and social security number of that person. You must also attach Form RPD-41083.  
4a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
4b 999-99-9999  
4c Taxpayer's date of death MM/DD/CCYY  
4d Spouse's date of death MM/DD/CCYY  
Residency status:  
For taxpayer and spouse (1e and 2e), enter:  
R if Resident  
N if Non-Resident  
F if First-Year Resident  
P if Part-Year Resident

6a  EXTENSION OF TIME TO FILE: If you have a federal or state extension, mark box 6a and enter the extension date in box 6b. 6b MM/DD/CCYY

8. 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.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY

7. FILING STATUS. Mark only one box.  
 (1) Single  
 (2) Married filing jointly  
 (3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)  
 (4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified dependent on your federal return.)  
(4a) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 (5) Surviving Spouse with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11) ..... 9 999,999,999

10. 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 ..... + 10 999,999,999

11. Total Additions to federal adjusted gross income (PIT-ADJ, line 6). Attach PIT-ADJ ..... + 11 999,999,999

12. Federal standard or itemized deduction amount (from federal Form 1040, line 12) ..... - 12 999,999,999

12a. If you itemized, mark the box ..... 12a

13. Deduction for certain dependents. See the worksheet in the instructions ..... - 13 999,999,999

14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions ..... - 14 999,999,999

15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 28). Attach PIT-ADJ ..... - 15 999,999,999

16. Medical care expense deduction. See PIT-1 instructions ..... - 16 999,999,999  
You must complete both lines 16 and 16a or the deduction will be denied.  
16a. Unreimbursed and uncompensated medical care expenses ..... 16a 999,999,999

17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16 ..... = 17 999,999,999  
Cannot be less than zero

18. New Mexico tax on amount on line 17 or from PIT-B, line 14 ..... 18 999,999,999  
18a. From Tax Rate Table = R. From PIT-B, line 14 = B ..... 18a

19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions ..... + 19 999,999,999

20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions ..... - 20 999,999,999

21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR ..... - 21 999,999,999

22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero ..... = 22 999,999,999

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is April 30, 2025. All others must file by April 15, 2025. See PIT-1 instructions for details. Continue on the next page.

2024 PIT-1 (page 2)  
NEW MEXICO PERSONAL INCOME TAX RETURN

Version Code 9

YOUR SOCIAL SECURITY NUMBER

999-99-9999

2024 PIT-1, PAGE 2  
BARCODE SHOULD READ \*24019999\* 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

Table with 2 columns: Line number and Amount. Lines 23-42. Includes 'TOTAL PAYMENTS AND CREDITS', 'TAX DUE', 'TAX, PENALTY, AND INTEREST DUE', and 'OVERPAYMENT'.

Refund Express!! Have it directly deposited! See instructions and complete all questions in this block.
RE. 1 Routing Number 999999999 RE. 2 Account Number 99999999999999999999 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]
HCA. 1 [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).

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 Date MM/DD/CCYY
Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date MM/DD/CCYY
Spouse's signature Date MM/DD/CCYY
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date MM/DD/CCYY
Taxpayer's phone number (999) 999-9999
Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Paid preparer's use only:
Signature of preparer Date
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 99-9999999
P.5 Preparer's phone number (999) 999-9999
P.6 [X] Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.