## Final 1.1 08/26/2024

### 2024 PIT-X

#### NEW MEXICO PERSONAL INCOME TAX

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

2024 PIT-X, PAGE 1
BARCODE SHOULD READ \*240169999\* where the last four digits are replaced with your vendor code.

FOR DEPARTMENT USE ONLY 9999 99 9 Age 65 Residency Print your name (first, middle, last) SOCIAL SECURITY NUMBER Blind or over status Taxpaver's date of birth 999-99-9999 MM/DD/CCYY Print your spouse's name (first, middle, last). If married filing separately, include spouse Spouse's date of birth 999-99-9999 MM/DD/CCYY X If the address is new or changed, mark this box Taxpayer's date of death Mailing Address (Number a<mark>n</mark>d <mark>stre</mark>et) If a deceased taxpayer's refund must If taxpayer or spouse died before this MM/DD/CCYY be made payable to a person other return is filed, enter than the taxpayer or spouse named date of death Spouse's date of death on this return, enter below the name and social security number of that MM/DD/CCYY person/claimant. You must also at-XXXXXXXXX tach Form RPD-41083. Residency status: f foreign address, enter country Foreign province and/or state For taxpayer and spouse (1e and 2e), enter: Claimant's Name R if Resident **EXEMPTIONS:** Taxpayer, spouse, dependents, and other dependents 999-99-9999 reported on federal Form 1040. If you are a dependent or other dependent of N if Non-Resident Claimant's SSN another taxpayer, enter 00. (See instructions) F if First-Year Resident P if Part-Year Resident EXTENSION OF TIME TO FILE: If you have a federal or state 6b MM/DD/CCYY 7. FILING STATUS. Mark only one box. extension, mark box 6a and enter the extension date in box 6b. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return. (1) Single (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 1 Column 3 Column 2 (3) Married filing separately (Enter spouse's name Date of birth (MM/DD/CCYY) Last name Dependent's SSN and social security number in 2a and 2b.) 999-99-9999 MM/DD/CC (4) Head of household (Enter name of person 999-99-9999 MM/DD/CC 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 999-99-9999 MM/DD/CCYY X (5) Surviving Spouse with dependent child AS PREVIOUSLY FILED **AS AMENDED** 999,999,999 999,999,999 9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11) ...... 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 instructions..... 999,999,999 999,999, Total Additions to federal adjusted gross income (PIT-ADJ, line 6). Attach PIT-ADJ..... 999,999,999 999,999,999 12. Federal standard or itemized deduction amount (from federal Form 1040, line 12) ........... 999,999,999 999,999,999 13. Deduction for certain dependents. See the worksheet in the PIT-1 instructions ............ 999,999,999 999,999,99 14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions ...... 14 999,999,999 999,999,99 15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 28). Attach PIT-ADJ... 999**,**999**,**999 999,999,99 Medical care expense deduction. See PIT-1 instructions..... 16. You must complete both lines 16 and 16a or the deduction will be denied. 999**,**999**,**999 NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16 ...... 17 999,999,999 999,999,999 999, 999. 999 999,999,999 18. New Mexico tax on amount on line 17 or from PIT-B, line 14 ..... 19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions ..... 999,999,999 999,999,999 20. Credit for taxes paid to another state. You must have been a New Mexico resident during all 20 999,999,999 999,999,999 or part of the year. Include a copy of other state's return. See PIT-1 instructions...... 999,999,999 999,999,999 21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR.. 999**,**999**,**999 22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21 ........ 999,999,999

# Final 1.1 08/26/2024

**2024 PIT-X** (page 2) NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN

Version Code 9

2024 PIT-X, PAGE 2 BARCODE SHOULD READ \*240179999\* where the last four digits are replaced with your vendor code.

#### YOUR SOCIAL SECURITY NUMBER

999-99-9999

Reas	son for amending: $ imes  i$	XXXXXX	XXX	XXXX	XXXXX	XXXX	XXXXX	XXXX	XXX
Fina	Determination Date: MM/DD/CCYY				OUSLY			MEND	
23.	The amount on line 22 from page 1				999,		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. (Lines 25, 25a, and 25b* or the deduction will be denie	ed.)	+ 25	999,	999,	999	999,	999,	.999
	25a. The amount of federal earned income credit (EIC) reported on your	999,99	99,9	99					
	2024 federal income tax return or calculated under NM Expansion  25b. *NM Expansion Only: Check this box if you <b>did not</b> qualify for the EIC on yo	our .							
	federal return	25b X							
26.	Refundable business-related income tax credits from Schedule PIT-CR, line B. Atta	ach PIT-CR					999,		
27.	New Mexico income tax withheld. Attach annual statements of income and with	hholding	<b>+</b> 27	999,	999,	999	999,	999,	, 999
28.	New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-4		<b>+</b> 28				999,		
29.	New Mexico income tax withheld from or paid as Entity-level tax or Composite income a pass-through entity. Attach 1099-Misc or RPD-41359	ome tax by	<b>+</b> 29	999,	999,	999	999,	999,	. 999
30.	2024 estimated income tax payments. See PIT-1 instructions		+ 30	999,	999,	999	999,	999,	, 999
31.	Other Payments less any refunds from this schedule, line S3, below		+ 31	999	999,	999	999,	999,	, 999
32.	TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31		<b>=</b> 32		999,			999	
33.	TAX DUE. If line 23 is greater than line 32, enter the difference here		33	999,	999,	999	999,	999,	, 999
34.	Penalty on underpayment of estimated tax. See PIT-1 instructions		<b>+</b> 34	999,	999,	999	999,	999,	, 999
35.	Special method allowed for calculation of underpayment of estimated tax penalty. 3, 4, or 5 in the box. (See Instructions) Attach RPD-41272		35		9	V			
36.	Penalty. See PIT-1 instructions.		+ 36	999,	999,	999	999,	999,	999
37.	Interest. See PIT-1 instructions.				999,		999,		
38.	TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37				999,		999,		
39.	OVERPAYMENT. If line 23 is less than line 32, enter the difference here		39	999,	999,	999	999,	999,	999
40.	Refund voluntary contributions (PIT-D, line 18). Attach PIT-D		<b>-</b> 40	999,	999,	999	999,	999,	. 999
41.	Amount from line 39 you want applied to your 2025 Estimated Tax		<b>-</b> 41	999,	999,	999	999,	999,	999
42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41		<b>=</b> 42	999,	999,	999	999,	999,	, 999
Ref	und Express!! Have it directly deposited! See instructions and complete all questions in this	s block.							
	Routing Number 999999999999999999999999999999999999	99999	RE.3 Ac	count Type	: Checkin	g 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.									
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.  Paid preparer's use only:									
Your	signature								
	MM/DD/CCYY	Signature of	f prepa	arer			D	ate	
Drive	r's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	P.1 Firm's name (or yours, if self-employed)							
Spou		2.2 NMBTIN	99-	-9999	999-0	009			
	TAV INICODRIA MM/DD/CCYYI P	<sup>2,3</sup> Preparer	's PTI	v X99	9999	99			
Spous		24 FEIN				10	=		
XX	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	P.5 Preparer's phone number 999–999–9999							
(If filing jointly, BOTH must sign even if only one had income.)			P6 Mark this box if Form RPD-41338 is on file for this tax-						
Taxpayer's phone number (999) 999-9999							is on file	Tor this	тах-
Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
Co	mplete this schedule and report the result on line 31, Other payments less ar	ny refunds			Date		А	mount	
	m schedule below.				DD/CC		999,		
61	2024 Other nayments. List any tay year 2024 nayments made before or senare	te from the	euh-	MM/I	DD/CC	CYY	999,	.999	,999

Complete this schedule and report the result on line 31, Other payments less any refunds	Date	Amount		
from schedule below.	MM/DD/CCYY	999,999,999		
1. 2024 Other payments. List any tax year 2024 payments made before or separate from the sub- playments amended return. Also, enter the date of the payment. Do not include any estimated anyments reported on line 30 of this form. If you made more than four payments, attach a schedule anowing payment dates and amounts.	MM/DD/CCYY	999,999,999		
	MM/DD/CCYY	999,999,999		
	MM/DD/CCYY	999,999,999		
	S1a Sum of payments	999,999,999		
<b>2024 Refunds received.</b> List any refunds received from a previously filed 2024 New Mexico PIT-1. not include any interest the New Mexico Taxation and Revenue Department paid, if any, on your nd.	MM/DD/CCYY	999,999,999		
	MM/DD/CCYY	999,999,999		
	S2a Sum of refunds	999,999,999		
S3. Subtract line S2a from line S1a. Subtract the sum of refunds reported on line S2a from the sum	•			
of payments reported on line S1a. Enter here and on line 31 of this form. May be a negative number.	S3	999,999,999		