New Mexico Taxation and Revenue Department

2018 FID-D, page 1
BARCODE SHOULD READ *188489999* where the last four digits are replaced with your vendor code.

2018 Fiduciary Pass-Through Entity Withholding Detail (FID-D) Report

File and pay online using the Department's website. Go to www.tax.newmexico.gov and click on Online Services. For help completing this report, follow the instructions, or call (505) 827-0825 in Santa Fe or toll free at (866) 809-2335, option 4.

FINAL 1.0
08/24/2018

Check if amended [X]

Page 1 of 999

Name of trust or estate	FEIN	Line 1. Total New Mexico net income
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999,999,999

Fiduciary's address - (Number and street)	City	State	Postal/ZIP code
XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XX	XXXXXXXXXX
If Foreign address, enter Province and/or State	Country		
XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXX		

FOR DEPARTMENT USE ONLY

Tax year if other than the full 2018 calendar year.

Beginning of tax year			Last day of tax year		
99	99	9999	99	99	9999
MM	DD	CCYY	MM	DD	CCYY

Due date of the federal fiduciary return.

Original Due Date	99	99	9999
Extended Due Date	99	99	9999

Withholding Tax

Line 2. Total withholding from column 4 on all supplemental pages	2	99,999,999

Payments

Line 3. Tax withheld by the trust or estate, then passed to owners (Reported on your fiduciary income tax return)	3	99,999,999
Line 4. Withholding tax paid by the trust or estate	4	99,999,999
Line 5. Amended Returns Only. Refunds received (See instructions)	5	99,999,999
Line 6. Total tax payments. Subtract line 5 from the sum of lines 3 and 4.	6	99,999,999

Amount Due

Line 7. Tax Due. If line 2 is greater than line 6, enter the difference here	7	99,999,999
Line 8. Penalty (see Instructions)	8	99,999,999
Line 9. Interest (see Instructions)	9	99,999,999
Line 10. Total due. Add lines 7, 8 and 9	10	99,999,999

Overpayment

Line 11. Overpayment. If line 6 is greater than line 2, enter the difference here	11	99,999,999

You must attach Form RPD-41373 to claim a refund of an overpayment.

I declare I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.

Authorized signature _____ Date 99/99/9999

Phone number (999) 999-9999 Email address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PTW-D

New Mexico Taxation and Revenue Department

2018 FID-D, PAGE 2
BARCODE SHOULD READ *188499999* where the last four digits are replaced with your vendor code.

2018 Fiduciary Pass-Through Entity Withholding Detail (FID-D) Report

Supplemental Page

Name of trust or estate	FEIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999

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Do not file RPD-41353 with the Department (see Instructions).

FINAL 1.0
08/24/2018

Column 1 Beneficiary's name, street address, city, state, and ZIP code	Column 2 Beneficiary's SSN or FEIN	Column 3 Beneficiary's share of allocable net income	Column 4 Beneficiary's share of withholding tax	Col. 5 Reason Code withholding not required
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	999999999 Mark one: [X] FEIN [X] SSN	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	999999999 Mark one: [X] FEIN [X] SSN	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	999999999 Mark one: [X] FEIN [X] SSN	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	999999999 Mark one: [X] FEIN [X] SSN	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	999999999 Mark one: [X] FEIN [X] SSN	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	999999999 Mark one: [X] FEIN [X] SSN	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	999999999 Mark one: [X] FEIN [X] SSN	99,999,999	99,999,999	99
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If you need more space, print this supplemental form directly from the website and attach the additional supplemental forms to the first page of this form. Reproducing from a photocopy reduces the readability of the barcode on scanning equipment.

Total withholding on this page. 99,999,999

PTW-D