New Mexico Taxation and Revenue Department

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.

Check if amended ☒

Page __1__ of _999_

Name of trust or estate	FEIN	Line 1. Total New Mexico net income
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	999,999,999

Fiduciary's address - (Number and street)	City	State	Postal/ZIP code	
XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXX	XX	XXXXXXXXXX	**FOR DEPARTMENT USE ONLY**
If Foreign address, enter Province and/or State	Country			
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX			

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 _XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX_

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.

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Supplemental Page

Name of trust or estate	FEIN	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	Page 999 of 999

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

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
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	9999999999 Mark one: [X] FEIN [X] SSN	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	9999999999 Mark one: [X] FEIN [X] SSN	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Mark if outside the U.S. [X]	9999999999 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