

2019 FID-D, page 1  
BARCODE SHOULD READ \*198489999\* where the last four digits are replaced with your vendor code.

# 2019 Fiduciary Pass-Through Entity Withholding Detail (FID-D) Report

File and pay online using the Department's website. Go to [www.tax.newmexico.gov](http://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

<b>Name of trust or estate</b> XX		<b>FEIN</b> 999999999999		<b>Line 1. Total New Mexico net income</b> 999,999,999	
<b>Fiduciary's address - (Number and street)</b> XX		<b>City</b> XX	<b>State</b> XX	<b>Postal/ZIP code</b> XXXXXXXXXXXXXXXX	
<b>If Foreign address, enter Province and/or State</b> XX		<b>Country</b> XX			

FOR DEPARTMENT USE ONLY

<b>Tax year if other than the full 2019 calendar year.</b>			<b>Due date of the federal fiduciary return.</b>		
Beginning of tax year			Last day of tax year		
99	99	9999	99	99	9999
MM	DD	CCYY	MM	DD	CCYY
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 ..... 3 99,999,999  
(Reported on your fiduciary income tax return)

Line 4. Withholding tax paid by the trust or estate..... 4 99,999,999

Line 5. Amended Returns Only. Refunds received..... 5 99,999,999  
(See instructions)

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 XX

