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 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 <u>999</u>
Name of trust or estate		FEIN		Line 1. Tot		Mexico net income
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		9999999			999	,999,999
Fiduciary's address - (Number and street)	City	Sta				FOR DEPARTMENT
If Foreign address, enter Province and/or State	Country	^^^^		\\\\\		USE ONLY
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX				
	I					
Tay year if other than the full (2010 colondor voor	Due dete	of the feder	al fiduais	w. rot	TIED
Tax year if other than the full 2 Beginning of tax year	Last day of tax year			_	Ť	
99 99 9999	99 99 9999	Original Du	e Date 99	9 9 9	99	99
MM DD CCYY	MM DD CCYY	Extended D	ue Date 99	9 9 9	99	99
Withholding Tax				_		
Line 2. Total withholding from colur	nn 4 on all supplementa	l pages			2	99,999,999
_						
Payments	actata than naccad to a	www.oro	00 00	0 000		
Line 3. Tax withheld by the trust or (Reported on your fiduciary	•	owners 3	99,999	9,999		
	•	4	99,99	9,999		
Line 4. Withholding tax paid by the	trust or estate		33,733	3,333		
Line 5. Amended Returns Only. Re	funds received	5	99,99	9,999		
(See instructions)		_				
Line 6. Total tax payments. Subtrac	ct line 5 from the sum of	lines 3 and 1		- 1	0	99,999,999
Line o. Total tax payments. Subtrac	of line 3 from the sum of	111165 5 ariu 4			6	
Amount Due		_				
Line 7. Tax Due. If line 2 is greater	than line 6, enter the diff	ference here 7	99,999	9,999		
		<u> </u>	99,999	0 000		
Line 8. Penalty (see Instructions)		8	99,99	9,999		
Line 9. Interest (see Instructions)		9	99,99	9,999		
Line 3. Interest (see mandenons)		L	,	·		
Line 10. Total due. Add lines 7, 8 a	nd 0			- 1	40	00 000 000
	11d 9				10	99,999,999
Overpayment						
Line 11. Overpayment. If line 6 is g					11	99,999,999
You must attach Form RPD-4137	3 to claim a refund of a	an overpaymer	ıt.			
I declare I have examined th	is form and to the best of n	ny knowledge and	belief it is tru	e, correct.	and co	mplete.
		_		9/9999		•
Authorized signature		Date _				
(999) 999-999	9		XXXXXXXX	XXXXXX	XXXX	XXXXXX

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

Supplemental Page

Name of trust or estate	FEIN	Page <u>999</u> of <u>999</u>
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	999999999	Do not file RPD-41353 with the Department (see Instructions).

Column 1	Column 2	Column 3	Column 4	Col. 5
	Beneficiary's	Beneficiary's share of	Beneficiary's share of	
Beneficiary's name, street address,	SSN or FEIN	allocable net income	withholding tax	withholding
city, state, and ZIP code	010		, , ,	not required
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	9999999999	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: ☑ FEIN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
kxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	∑ SSN			
Mark if outside the U.S.				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: X FEIN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X ssn			
Mark if outside the U.S. X				
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		, ,	55,555,555	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: X FEIN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	∏ SSN			
Mark if outside the U.S.				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	99,999,999	99,999,999	
	Mark one: ☑ FEIN			99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN			
Mark if outside the U.S. X				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	99,999,999	99,999,999	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: ☑ FEIN			99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN			
Mark if outside the U.S. X				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: X FEIN			
kxxxxxxxxxxxxxxxxxxxxxxx	∏ ssn			
Mark if outside the U.S. X				
××××××××××××××××××××××××××××××××××××××	999999999	99,999,999	99,999,999	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			, ,	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: X FEIN			""
kxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	∑ SSN			
Mark if outside the U.S. $\overline{\mathbb{X}}$				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	99,999,999	99,999,999	
KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		, ,	,,,,,,,,,	99
kxxxxxxxxxxxxxxxxxxxxx	Mark one: X FEIN			"
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	∏ SSN			
Mark if outside the U.S. $\overline{\mathbb{X}}$				

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