

2020 Fiduciary Pass-Through Entity Withholding Detail Report FID-D

2020 FID-D, page 1
BARCODE SHOULD READ *208489999* where the last four digits are replaced with your vendor code.

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 FID-1 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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		FEIN 9999999999		Line 1. Total New Mexico net income 999,999,999	
Fiduciary's address - (Number and street) XXXXXXXXXXXXXXXXXXXXXXXXXXXX		City XXXXXXXXXXXXXXXXXXXXXXXXXXXX	State XX	Postal/ZIP code XXXXXXXXXXXX	
If Foreign address, enter Province and/or State XXXXXXXXXXXXXXXXXXXXXXXXXXXX		Country XXXXXXXXXXXXXXXXXXXXXXXXXXXX			

**FOR DEPARTMENT
USE ONLY**

Tax year if other than the full 2020 calendar year.			Due date of the federal fiduciary return.		
Beginning of tax year			Last day of tax year		
99	99	9999	99	99	9999
MM	DD	CCYY	MM	DD	CCYY
Original Due Date			Extended Due Date		
99	99	9999	99	99	9999
MM	DD	CCYY	MM	DD	CCYY

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 FID-1, Lines 15 and 16)

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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2020 Fiduciary Pass-Through Entity Withholding Detail Report FID-D

2020 FID-D, PAGE 2
 BARCODE SHOULD READ *208499999* where the
 last four digits are replaced with your vendor code.

Supplemental Page

Name of trust or estate XX	FEIN 9999999999	Page <u>999</u> of <u>999</u>
		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
XX	9999999999	99,999,999	99,999,999	99
XX	Mark one: <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN			
Mark if outside the U.S. <input checked="" type="checkbox"/>				
XX	9999999999	99,999,999	99,999,999	99
XX	Mark one: <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN			
Mark if outside the U.S. <input checked="" type="checkbox"/>				
XX	9999999999	99,999,999	99,999,999	99
XX	Mark one: <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN			
Mark if outside the U.S. <input checked="" type="checkbox"/>				
XX	9999999999	99,999,999	99,999,999	99
XX	Mark one: <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN			
Mark if outside the U.S. <input checked="" type="checkbox"/>				
XX	9999999999	99,999,999	99,999,999	99
XX	Mark one: <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN			
Mark if outside the U.S. <input checked="" type="checkbox"/>				
XX	9999999999	99,999,999	99,999,999	99
XX	Mark one: <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN			
Mark if outside the U.S. <input checked="" type="checkbox"/>				
XX	9999999999	99,999,999	99,999,999	99
XX	Mark one: <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN			
Mark if outside the U.S. <input checked="" type="checkbox"/>				
XX	9999999999	99,999,999	99,999,999	99
XX	Mark one: <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN			
Mark if outside the U.S. <input checked="" type="checkbox"/>				

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