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 X

				Page	<u>1</u> of <u>999</u>	
Name of trust or estate		FEIN		Line 1. Total New Mexico net income		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999999999		999,999,999		
Fiduciary's address - (Number and street)	City		tate Postal/ZIP code		FOR DEPARTMENT	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXX X	X XXXXXX	XXXX	USE ONLY	
If Foreign address, enter Province and/or State XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Country XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX				
Tax year if other than the full 2 Beginning of tax year	2020 calendar year. Last day of tax year	Due date	e of the fede	ral fiduciar	y return.	
99 99 9999	99 99 9999	Original D	ue Date 9	9 99	9999	
MM DD CCYY	MM DD CCYY		Due Date 9	9 99	9999	
			 			
Withholding Tax						
Line 2. Total withholding from colur	mn 4 on all sunnlement	tal nages		2	99,999,999	
Line 2. Total Withholding from cold	Till 4 on all supplement	lai pages			33,333,333	
Payments	////1	<i> </i>				
Line 3. Tax withheld by the trust or		owners 3	99,99	9,999		
(Reported on FID-1, Lines	,		99,99	0 000		
Line 4. Withholding tax paid by the	trust or estate	4	99,99	9,999		
Line 5. Amended Returns Only. Re	funds received	5	99,99	9,999		
(See instructions)		L	<u> </u>	,		
	56 0	(II) O 1.4		г	T 00 000 000	
Line 6. Total tax payments. Subtrac	of line 5 from the sum of	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 d	ifference here 7	99,99	9,999		
		-	0000	0 000		
Line 8. Penalty (see Instructions)		8	99,99	9,999		
Line O. Interest (see Instructions)		9	99,99	9.999		
Line 9. Interest (see Instructions)		L	33/33	3/333		
				_	-	
Line 10. Total due. Add lines 7, 8 a	nd 9				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	f an overpayme	ent.	L		
I declare I have examined th	nis form and to the heat of	my knowledge on	nd haliaf it is tri	ie correct o	nd complete	
	iio ioiiii aiia to tiie best Oi		00/0	9/9999	na complete.	
Authorized signature		Date	22/3	J		
Phone number (999) 999-999	9 Email ad	dress XXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	

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	FEIN	Page <u>999</u> of <u>999</u>
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	Do not file RPD-41353 with the Department (see Instructions).

Column 1 Beneficiary's name, street address,	Column 2 Beneficiary's	Column 3 Beneficiary's share of	Column 4 Beneficiary's share of	Col. 5 Reason Code
city, state, and ZIP code	SSN or FEIN	allocable net income	withholding tax	withholding not required
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	9999999999	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: 🔀 FEIN			
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	X SSN			
Mark if outside the U.S.	999999999	99,999,999	00 000 000	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	99, 999, 999	99,999,999	99
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Mark one: X FEIN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN	4		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	99,999,999	99,999,999	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: 😾 FEIN			99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN			
Mark if outside the U.S. X				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	99,999,999	99,999,999	99
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Mark one: X FEIN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SSN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	99,999,999	99,999,999	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: ☑ FEIN			99
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	X SSN			
Mark if outside the U.S. $\ oxed{X}$				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	99,999,999	99,999,999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: X FEIN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN			
Mark if outside the U.S. X	999999999	99,999,999	99,999,999	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		33,333,333	55,555,555	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mark one: FEIN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	∑ SSN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99,999,999	99,999,999	99
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Mark one: X FEIN			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	∑ SSN			
Mark if outside the U.S. X	I			

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