

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

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**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](http://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

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<b>Name of trust or estate</b> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		<b>FEIN</b> 9999999999		<b>Line 1. Total New Mexico net income</b> 999,999,999	
Fiduciary's address - (Number and street) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		City XXXXXXXXXXXXXXXXXXXXXXXXXXXX	State XX	Postal/ZIP code XXXXXXXXXXXX	
If Foreign address, enter Province and/or State XXXXXXXXXXXXXXXXXXXXXXXXXXXX		Country XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
<b>FOR DEPARTMENT USE ONLY</b>					

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

