

**2021 Fiduciary Pass-Through Entity  
Withholding Detail Report  
FID-D**

2021 FID-D, page 1  
**BARCODE SHOULD READ \*218489999\* 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

Page 1 of 999

<b>Name of trust or estate</b> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		<b>FEIN</b> 9999999999		<b>Line 1. Total New Mexico net income</b> 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

<b>Tax year if other than the full 2021 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			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 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**2021 Fiduciary Pass-Through Entity  
Withholding Detail Report  
FID-D**

2021 FID-D, PAGE 2  
 BARCODE SHOULD READ \*218499999\* where the  
 last four digits are replaced with your vendor code.

**Supplemental Page**

<b>Name of trust or estate</b> XX	<b>FEIN</b> 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"/>				

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