2019 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2019

or fiscal year beginning F.1 MM/DD/CCYY ending F.2 MM/DD/CCYY

If amending use Form 2019 PIT-X.

Vendor	Product	Version
9999	99	9

Disaster Relief: XXXXXXXXXXXXXXXXXXX

1a Print your name (first, middle, last): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2a Print your spouse's name (first, middle, last). If married filing separately, include spouse. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SOCIAL SECURITY NUMBER

1b 999-99-9999 **1c** Blind [X] **1d** Age 65 or over [X] **1e** Residency status [X] **1f** Taxpayer's date of birth MM/DD/CCYY

2b 999-99-9999 **2c** [X] **2d** [X] **2e** [X] **2f** Spouse's date of birth MM/DD/CCYY

3a [X] If the address is new or changed, mark this box.

3b Mailing Address (Number and street): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3c City: XXXXXXXXXXXXXXXXXXX State: XX Postal/ZIP Code: XXXXXXXXX

3d If foreign address, enter country: XXXXXXXXXXX Foreign province and/or state: XXXXXXXXXXXXXXXXXXX

4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter **below** the name and social security number of that person. You must also attach Form RPD-41083.

4a Name: XXXXXXXXXXXXXXXXXXX
4b SSN: 999-99-9999

4c If taxpayer or spouse died before this return is filed, enter date of death. Taxpayer's date of death MM/DD/CCYY

4d Spouse's date of death MM/DD/CCYY

Residency status:
For taxpayer and spouse (1e and 2e), enter:
R if RESIDENT
N if NON-RESIDENT
F if FIRST-YEAR RES.
P if PART-YEAR RES.

5. 99 **EXEMPTIONS:** Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)

EXTENSION OF TIME TO FILE.

6a [X] If you have a federal or state extension, mark the box and enter the extension date. **6b** MM/DD/CCYY

8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return.
(You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries.)

Column 1 First name Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)
XXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY

7. FILING STATUS. Mark only one box.

[X] (1) Single

[X] (2) Married filing jointly

[X] (3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)

[X] (4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified dependent on your federal return.)
(4a) XXXXXXXXXXXXXXXXXXXXXXX

[X] (5) Qualifying widow(er) with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 8b)............... **9** 999,999,999

10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions.......... + **10** 999,999,999

11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). **Attach PIT-ADJ**........... + **11** 999,999,999

12. Federal standard or itemized deduction amount (from federal Form 1040, line 9) .... - **12** 999,999,999

12a. If you **itemized,** mark the box.......... 12a [X]

13. Deduction for certain dependents. See the worksheet in the instructions .... - **13** 999,999,999

14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions........... - **14** 999,999,999

15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). **Attach PIT-ADJ**........... - **15** 999,999,999

16. Medical care expense deduction. See PIT-1 instructions........... - **16** 999,999,999

You must complete both lines 16 and 16a or the deduction will be denied.

16a. Unreimbursed and uncompensated medical care expenses........... 16a 999,999,999

17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16............ = **17** 999,999,999
Cannot be less than zero.

18. New Mexico tax on amount on line 17 or from PIT-B, line 14........... **18** 999,999,999

18a. From Rate Table = **R**. From PIT-B, line 14 = **B**. .... 18a [X]

19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions........... + **19** 999,999,999

20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. **Include a copy of other state's return**. See PIT-1 instructions........... - **20** 999,999,999

21. Business-related income tax credits applied, from Schedule PIT-CR, line A. **Attach PIT-CR**........... - **21** 999,999,999

22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero........... = **22** 999,999,999

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is April 30, 2020. All others must file by April 15, 2020. See PIT-1 instructions for details.

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NEW MEXICO PERSONAL INCOME TAX RETURN

Version Code 9

YOUR SOCIAL SECURITY NUMBER
999-99-9999

FINAL 1.2
01/21/2020

Do not submit a **photocopy** of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to:

New Mexico Taxation and Revenue Department
P. O. Box 25122
Santa Fe, New Mexico 87504-5122

23.	The amount on line 22 from page 1	23	999,999,999
24.	Total claimed on rebate and credit schedule (PIT-RC, line 25). **Attach PIT-RC**	24	999,999,999
25.	Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.) +	25	999,999,999
25a.	The amount of federal earned income credit (EIC) reported on your 2019 federal income tax return 25a 999,999,999		
26.	Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR +	26	999,999,999
27.	New Mexico income tax withheld. **Attach annual statements of income and withholding** +	27	999,999,999
28.	New Mexico income tax withheld from oil and gas proceeds. **Attach 1099-Misc or RPD-41285** +	28	999,999,999
29.	New Mexico income tax withheld from a pass-through entity. **Attach 1099-Misc or RPD-41359** +	29	999,999,999
30.	2019 estimated income tax payments. See PIT-1 instructions +	30	999,999,999
31.	Other Payments +	31	999,999,999
32.	**TOTAL PAYMENTS AND CREDITS.** Add lines 24 through 31 =	**32**	999,999,999
33.	**TAX DUE.** If line 23 is **greater than** line 32, enter the difference here	**33**	999,999,999
34.	Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank +	34	999,999,999
35.	Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. **Attach RPD-41272**	35.	9
36.	Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank +	36	999,999,999
37.	Interest. See PIT-1 instructions. If you want interest computed for you, leave blank +	37	999,999,999
38.	**TAX, PENALTY, AND INTEREST DUE.** Add lines 33, 34, 36, and 37 =	**38**	999,999,999
39.	**OVERPAYMENT.** If line 23 is **less than** line 32, enter the difference here	39	999,999,999
40.	Refund voluntary contributions (PIT-D, line 17). **Attach PIT-D** -	40	99,999
41.	Amount from line 39 you want **applied to your 2020 Estimated Tax** -	41	999,999,999
42.	**AMOUNT TO BE REFUNDED TO YOU.** Line 39 minus lines 40 and 41 =	**42**	999,999,999

!! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.

RE.1 Routing number: 999999999

RE.2 Account number: 9999999999999999

RE.3 Type:
Choose one. Mark **X** by your choice.
Checking X
Savings X

REQUIRED: You must answer this question. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.

RE.4 YES X NO X

I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Your signature

Date MM/DD/CCYY

Driver's License, State ID No. or enter "NONE" or "DECLINED"
XXXXXXXXXXXXXXXXXXXXXXXXX
State XX
Expiration Date MM/DD/CCYY

Spouse's signature

Date MM/DD/CCYY

Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED"
XXXXXXXXXXXXXXXXXXXXXXXXX
State XX
Expiration Date MM/DD/CCYY

(If filing jointly, BOTH must sign even if only one had income.)

Taxpayer's phone number (999) 999-9999
Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXXX

Paid preparer's use only:

Signature of preparer
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date

P.1 Firm's name (or yours, if self-employed)

P.2 NM CRS identification number 99-999999-009

P.3 Preparer's PTIN X99999999

P.4 FEIN 99-9999999

P.5 Preparer's phone number (999)999-9999

P.6 X Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.