## **2020 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN** For the year January 1 - December 31, 2020

or fiscal year beginning  $_{E,1}$  MM / DD / CCYY ending  $_{E,2}$  MM / DD / CCYY

2020 PIT-1, PAGE 1 BARCODE SHOULD READ \*200189999\* where the last four digits are replaced with your vendor code.

Continue on the next page.

9999 99

If amending use Form 2020 PIT-X. 

Pr	int your name (first, middle, last)		SOCIAL SECURITY NUMB	BER	Bline	Age 65	Reside statı	
1а Х	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1b	999-99-999	9	1c X	1d X 16	X	Taxpayor o date or birtir
Pr	int your spouse's name (first, middle, last). If married filing separately, include spouse.	ĺ			. <u> </u>			Spouse's date of birth
2а Х	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2b	999-99-999	9	2c X	2d X 26	X	2f MM/DD/CCYY
3a	If the address is new or changed, mark this box.	4	If a deceased taxpayer's refund be made payable to a person	nd mu	st er	If taxpayer	or spo	ouse Taxpayer's date of death
	ailing Address (Number and street)		than the taxpayer or spouse ron this return, enter <b>below</b> the	name	ed	return is file	ed, ent	er
3ЬХ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		and social security number of	of the	at			Spouse's date of death
Cit	ty State Postal/ZIP Code		person. You must also attach RPD-41083.	n For	m			1111, 22, 3311
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	48	a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XXX	XXXXX	XX	X Residency status: For taxpayer and spouse (1e and 2e), enter:
3dX	XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX	41	b 999-99 <b>-</b> 99	99				R if RESIDENT
5.	99 <b>EXEMPTIONS:</b> Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of		SSN F if FIRST-YEAR RES.					
_	another taxpayer, enter 00. (See instructions)	V						<b>P</b> if PART-YEAR RES.
	EXTENSION OF TIME TO FILE.  If you have a federal or state extension,	~		_				
6a	mark the box and enter the extension date.  MM/DD/CC	ĽΥ	<u>. Y</u>	I⊢	-		STAT	US. Mark only one box.
	8. DEPENDENTS AND OTHER DEPENDENTS. As listed on you			X	(1)	Single	C:1:	in in the
$\vdash$	(You must report the first 5 dependents and other dependents in this table. Use Schedule P  Column 1  Column 2	11-8	Column 3			Married 1	_	JOINTIY Separately (Enter spouse's name
-			te of birth (MM/DD/CCYY)	X	and			ber in 2a and 2b.)
H-11	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	_	MM/DD/CCYY M/DD/CCYY	X	(4)	Head of	hous	ehold (Enter name of person
-	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		M/DD/CCYY		dual	ifying you as	head	of household if that person is not dependent on your federal return.)
_	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		M/DD/CCII M/DD/CCYY					XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
_	XXXXXXXXXXXXXXXXXX 999-99-9999		M/DD/CCYY		T ' ' '			dow(er) with dependent child
9.	FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040		,					9 999,999,999
10.	If you itemized your federal deduction amount, enter the amount of s federal Form 1040, Schedule A, line 5a. See the worksheet in the ins						+	10 999,999,999
11.	Total Additions to federal adjusted gross income (PIT-ADJ, line 5).	tta	ach PIT-ADJ				+	11 999,999,999
12.	Federal standard or itemized deduction amount (from federal Form 1		,				-	12 999,999,999
	12a. If you <b>itemized</b> , mark the box				128	$\mathbf{X}$	ı	
13.	Deduction for certain dependents. See the worksheet in the instructi	on	/S				-	13 999, 999, 999
14.	New Mexico low- and middle-income tax exemption. See PIT-1 instru	uct	ions				-	14 999, 999, 999
15.	Total Deductions and Exemptions from federal income (PIT-ADJ, line	e 2	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.						_	10 333,333,333
	16a. Unreimbursed and uncompensated medical care expenses			_				
17.	<b>NEW MEXICO TAXABLE INCOME.</b> Add lines 9, 10 and 11, then sul Cannot be less than zero.	btra	act lines 12, 13, 14, 15	and	l 16		=	999,999,999
	New Mexico tax on amount on line 17 or from PIT-B, line 14							18 999,999,999
18	8a. From Rate Table = <b>R</b> . From PIT-B, line 14 = <b>B</b>				18a	aΧ		
	Additional amount for tax on lump-sum distributions. See PIT-1 instru						+	19 999,999,999
	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. <b>Attach PIT-CR</b> .  22. <b>NET NEW MEXICO INCOME TAX</b> . Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less						-	21 999,999,999
than zero  Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay to								22 999,999,999
							Continue on the next page.	

## **2020 PIT-1** (page 2)

## NEW MEXICO PERSONAL INCOME TAX RETURN

Version Code C

YOUR SOCIAL SECURITY NUMBER

999-99-9999

2020 PIT-1, PAGE 2
BARCODE SHOULD READ \*200199999\* where the
last four digits are replaced with your vendor code.

**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

42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41	23. The amount on line 22 from page 1	23 999,999,999								
25a. The amount of federal earned income credit (EIC)	24. Total claimed on rebate and credit schedule (PIT-RC, line 25 ). Attach PIT-RC.	24 999,999,999								
Restance	25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.)	25 999,999,999								
26. Refundable business-related income tax credits from Schedule PT-CR. Ine B. Attach PT-CR.	25a. The amount of federal earned income credit (EIC)									
27. New Mexico income tax withheld. Attach annual statements of income and withholding.		26 999,999,999								
28. New Mexico income tax withheld from all and gas proceeds. Attach 1099-Misc or RPD-41285.   28. 99 9, 99 9, 99 9  30. 2020 estimated income tax payments. See PIT-1 instructions.   30. 939, 999, 999  31. Other Payments.   31. 999, 999, 999  32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.   32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.   33. 999, 999, 999  34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank.   4. 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.   4. 36. 999, 999, 999  37. Interest. See PIT-1 instructions. If you want penalty computed for you, leave blank.   4. 37. 999, 999, 999  38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.   39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.   39. 999, 999, 999  42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.   42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.   43. FREUING EXPRESS. Il HAVE TO IRRECTLY DEPOSITED ISEE MINITED COVER.   39. 999, 999, 999  42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.   44. See PIT-1 instructions. State ID No. or enter "NoNE" or "DECLINED" State Expension Date MM/DD/CCYY Spouse's Signature of Preparer Date MM/DD/CCYY Spouse's Signature.   44. VES MM/DD/CCYY Spouse's Signature.   45. Paylor Spouse's Signature.   46. MM/DD/CCYY Spouse's Signature.   47. Paylor Spouse's Signature.   48. MM/DD/CCYY Spouse's Signature.   49. Paylor Spouse's Signatur										
29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359.    29. 399, 999, 999 31. Other Payments.    30. 2020 estimated income tax payments. See PIT-1 instructions.    31. 1399, 999, 999 32. TOTAL PAYMENTS AND CREDITS. Add lines 22; enter the difference here.    32. 399, 999, 999 33. TAX DUE. If line 23 is greater than line 32; enter the difference here.    33. 4999, 999, 999 34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank.    44. 4999, 999, 999 35. Special method allowed for calculation of 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.    47. 999, 999, 999 37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank.    48. 4999, 999, 999 40. Refund voluntary contributions (PIT-D, line 17). Attach PIT-D.    40. 999, 999, 999 41. Amount from line 39 you want applied to your 2021 Estimated Tax.    42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.    42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.    44. Pay 99, 999, 999 45. Sevines. State ID No. or enter. "NONE" or "DECUINED" State Exprisition Date May Depret See Instructions. State ID No. or enter. "NONE" or "DECUINED" State Exprisition Date May DD/CCYY Spouses alignature    44. Pay 99, 999, 999 45. Paid The Payment State State ID No. or enter. "NONE" or "DECUINED" State Exprisition Date May DD/CCYY Spouses alignature    44. Pay 99, 999, 999 45. Paid The Payment State State ID No. or enter. "NONE" or "DECUINED" State Exprisition Date May DD/CCYY Spouses alignature    45. Paid preparer's perion company or pay 999 999 999 999 999 999 999 999 999 9										
30. 2020 estimated income tax payments. See PIT-1 instructions	· · · · · · · · · · · · · · · · · · ·									
31. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.										
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underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272		0.  333/333/333								
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank.  38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.  39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here		35. 9								
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.   39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here	36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank	36 999,999,999								
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.   39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here		27 000 000 000								
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.  40. Refund voluntary contributions (PIT-D, line 17). Attach PIT-D										
40. Refund voluntary contributions (PIT-D, line 17). Attach PIT-D.  - 40 99,999  41. Amount from line 39 you want applied to your 2021 Estimated Tax  - 41 999,999,999  42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.  REFUND EXPRESS !!HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.  RE.1 Routing number:  RE.2 Account number:  99999999999999999999999999999999999	38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37									
40. Refund voluntary contributions (PIT-D, line 17). Attach PIT-D.  - 40 99,999  41. Amount from line 39 you want applied to your 2021 Estimated Tax  - 41 999,999,999  42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.  REFUND EXPRESS !!HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.  RE.1 Routing number:  RE.2 Account number:  99999999999999999999999999999999999	39 OVERPAYMENT If line 23 is less than line 32, enter the difference here	39 999,999,999								
41. Amount from line 39 you want applied to your 2021 Estimated Tax										
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41	40. Refund Voluntary Contributions (PTI-D, line 17). <b>Attach PTI-D</b>	70 70 70 70 70 70 70 70 70 70 70 70 70 7								
REFUND EXPRESS	41. Amount from line 39 you want applied to your 2021 Estimated Tax	41 999,999,999								
REFUND EXPRESS	42. AMOUNT TO BE REFUNDED TO YOU, I ine 39 minus lines 40 and 41	42 999,999,999								
RE.1 Routing number: 999999999999999999999999999999999999										
RE.1 Routing number: 999999999999999999999999999999999999	QUESTIONS IN THIS BLOCK.  Choose one.  WILL THIS REFUND GO									
RE.2 Account number: 999999999999999999999999999999999999	RE 1 Routing number: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
ments, and to the best of my knowledge and belief it is true, correct, and complete.  Your signature    Date   MM/DD/CCYY		ио 🛚								
ments, and to the best of my knowledge and belief it is true, correct, and complete.  Your signature  Date	Paid preparer's use only:									
Date   MM/DD/CCYY	radiale rilave examined the retain, molating addempartying solication and state									
Driver's License, State ID No. or enter "NONE" or "DECLINED"  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Date								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	MM/DD/CCYY   5	Date								
Spouse's signature  Date MM/DD/CCYY  Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED"  State Expiration Date MM/DD/CCYY  (If filing jointly, BOTH must sign even if only one had income.)  Taxpayer's phone number (999) 999-9999  Date MM/DD/CCYY  MM/DD/CCYY  MM/DD/CCYY  MM/DD/CCYY  MM/DD/CCYY  Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.		XXXXXXXXXXXXX								
MM/DD/CCYY   P.3 Preparer's PTIN   X9999999   New York   State   D.No. or enter "NONE" or "DECLINED"   State   Expiration Date   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED"  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED"  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	F.ST Tepater 31 TIN	999_								
(If filing jointly, BOTH must sign even if only one had income.)  Taxpayer's phone number (999) 999-9999  Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.	Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date P.4 FEIN 99-999999	P.4 FEIN <u>99-9999999</u>								
Taxpayer's phone number (999) 999–9999 Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.	To repaid 3 phone number	(000)000								
Taxpayer's phone number (999) 999–9999 P.6 If for this taxpayer. See PIT-1 instructions.	(If filing jointly, BOTH must sign even if only one had income.)  Mark this box if Form RPE									
Taxpayer's email address	Taxpayer's phone number (999) 999-9999 P.6 In for this taxpayer. See PIT-									
	Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									