2 4 6	8 10 12 14 16 18	20 22 24 26 28 30 3	32 34 36 38 40 42 44 46 48 50 52	54 56 58 60 62 64 66 68	1 1 70 72 74 76 78 80 82 84
3	018 PIT-X NEW				3
5 A	MENDED RETURN	For the year January	1 - December 31, 2018	2018 PIT-X, PAGE 1 DDE SHOULD READ *180169 ur digits are replaced with you	
6 or	fiscal year beginning $_{F.1}N$	1M/DD/CCYY_endir	ng F12 MM/DD/CCYY last fo	ur digits are replaced with you	r vendor code.
	Vendor Product Version 9 9 9 9	Disaster Relie	ef XXXXXXXX		8
9	Print your name (first, middle, last)			Age 65 Residency MBER Blind or over status	9 10
11 ^{1a}				9 1c X 1d X 1e X 1	
12 13 2a		ddle, last). If ma <mark>rrie</mark> d filing sep <mark>ara</mark> te		9 2c X 2d X 2e X 2	Spouse's date of bitth f MM / DD / CCYY ¹³
14 3a	X If the address is new or char	nged, mark this box.			
15	Mailing Address (Number and stre	eet)	4. If a deceased taxpayer's re be made payable to a per	rson other died before this 40	Taxpayer's date of death 15 MM/DD/CCYY 16
17 ^{3b}			than the taxpayer or spou	se named return is filed, enter date of death. →	Spouse's date of death 17
18 19 ^{3c}	XXXXXXXXXXXXXX	XXXXXXXXX XX	And social security numbers of the security numbers of		MM/DD/CCYY 18
20	If foreign address, enter country XXXXXXXXXXXXXXXX		rovince and/or state 4a XXXXXXXX	XXXXXXXXXXXXX	Residency status: Fortaxpayer 20 and spouse (1e and 2e), enter:
21 ³⁰ 22 ^{5.}	EXEMPTIONS	• Taxnaver spouse dependents	and other dependents	999	R if RESIDENT 21 N if NON-RESIDENT 22
23	another taxpayer, er	Form 1040. If you are a dependent nter 00. (See instructions)	t or other dependent of SSN SSN		F if FIRST-YEAR RES. 23 P if PART-YEAR RES. 23
24 6a 25		or state extension, mark the	6b MM/DD/CCYY	7. FILING STATUS. N	lark only one box. 25
26	8. DEPENDENTS AI	ND OTHER DEPENDENT	S. As listed on your federal return.	X (1) Single	26
27 28	First name Last name	1	Column 2 Column 3 Dependent's SSN Date of birth (MM/DD/CCYY)	X (2) Married filing jointly X (3) Married filing separ and social security number in 2	
29		XXXXXXXXX 999	9-99-9999 MM/DD/CCYY	and social security number in 2	29
30	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			(4) Head of household qualifying you as head of hous counted as a qualified exempti	(Enter name of person 30 ehold if that person is not an on your federal return 31
	XXXXXXXXXXXXXX			(4a) XXXXXXXXXX	XXXXXXXXXXX 32
33	XXXXXXXXXXXXXX	XXXXXXXX 999	9-99-9999 <u> mm/dd/ccyy</u>	X (5) Qualifying widow(e	r) with dependent child 33
35				AS PREVIOUSLY FILED	AS AMENDED 35
36 9.		D GROSS INCOME. (from	federal Form 1040, line 7)	9 999 , 999 , 999	999,999,99936 37
	0. If you itemized your fea	deral deduction amount, e	nter the amount of state and local tax		38
39 40	deduction claimed on f	ederal Form 1040, Sched	ule A, line 5a. See the instructions	10 999, 999, 999	999,999,999 ³⁹
41 11	1. Total Additions to feder	ral income (PIT-ADJ, line 5	5). Attach PIT-ADJ	11 999, 999, 999	999,999,99941
42 12	2. Federal standard or ite	mized deduction amount ((from federal Form 1040, line 8)	12999,999,999	42 999,999,999,43
44	12a. If you itemized , r	mark the box	12a 🛛		44
45 13	 Federal exemption am Tax Cuts and Jobs Act 	ounts are suspended for ta	ax years 2018 through 2025 by the Federal is zero (0) until the expiration date.)	13 0	45 0 46
40 47 14			otion. See PIT-1 instructions	14 999, 999, 999	999,999,99947
48	5. Total Deductions and E	Exemptions from federal in	icome (PIT-ADJ, line 22). Attach PIT-ADJ	15 999, 999, 999	48 999 , 999 , 999 4 9
	6. Medical care expense	deduction. See PIT-1 instr	ructions	16 999, 999, 999	999,999,99950
		16 and 16a or the deduction will b incompensated medical call			51
51	Toal Unreimbursed and u		10a 222, 222, 222		
52 53 1 7	7. NEW MEXICO TAXABL			17999,999,999	999,999,99953
52 53 1 7 54 18	7. NEW MEXICO TAXABL 8. New Mexico tax amour	nt on line 17 or from PIT-B	3, line 14	17 999,999,999 18 999,999,999	999,999,999
52 53 54 55	7. NEW MEXICO TAXABL 8. New Mexico tax amour 18a. From Rate Table =	nt on line 17 or from PIT-B R . From PIT-B, line 14 = B			
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