2018 PIT-X NEW MEXICO PERSONAL INCOME TAX

AMENDED RETURN For the year January 1 - December 31, 2018 or fiscal year beginning E₁MM/DD/CCYY ending E₂MM/DD/CCYY

2018 PIT-X, PAGE 1
BARCODE SHOULD READ *180169999* where the last four digits are replaced with your vendor code.

Continue on the next page.

9999 XXXXXXXXXXXXXXXXXXXXXX 99 Age 65 Residency Print your name (first, middle, last) SOCIAL SECURITY NUMBER Blind or over status Taxpaver's date of birth 999-99-999 9 MM/DD/CCYY Print your spouse's name (first, middle, last). If mar<mark>ri</mark>ed filing sep<mark>arately, i</mark>nclu<mark>de spo</mark>use Spouse's date of birth 999-99-9999 MM/DD/CCYY X If the address is new or changed, mark this box. Taxpayer's date of death Mailing Address (Number and street) If a deceased taxpayer's refund must If taxpayer or spouse died before this MM/DD/CCYY be made payable to a person other return is filed, enter than the taxpaver or spouse named date of death. Spouse's date of death on this return, enter below the name State Postal/ZIP Code 4d MM/DD/CCYY and social security number of that person. You must also attach Form XXXXXXXX foreign address, enter country oreign province and/or state Residency status: Fortaxpaye and spouse (1e and 2e), enter: XXXXXXXXXXX R if RESIDENT **EXEMPTIONS:** Taxpayer, spouse, dependents, and other dependents N if NON-RESIDENT 99 999-99-9999 4b reported on federal Form 1040. If you are a dependent or other dependent of F if FIRST-YEAR RES SSN another taxpayer, enter 00. (See instructions) P if PART-YEAR RES **EXTENSION OF TIME TO FILE.** 6a If you have a federal or state extension, mark the 7. FILING STATUS. Mark only one box. MM/DD/CCYY box and enter the extension date. 6h (1) Single 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.) (2) Married filing jointly Column 1 Column 2 Column 3 (3) Married filing separately (Enter spouse's name Date of birth (MM/DD/CCYY) Dependent's SSN and social security number in 2a and 2b.) 999-99-9999 MM/DD/CCYY (4) Head of household (Enter name of person 999-99-9999 MM/DD/CCYY qualifying you as head of household if that person is not 999-99-9999 MM/DD/CCYY counted as a qualified exemption on your federal return.) 999-99-9999 MM/DD/CCYY 999-99-9999 MM/DD/CCYY (5) Qualifying widow(er) with dependent child AS PREVIOUSLY FILED **AS AMENDED** FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 7)..... |999,999,999 999,999,99 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 instructions 999 999 999 999 999, 999 999, 999, 999 999 999, 999 11. Total Additions to federal income (PIT-ADJ, line 5). Attach PIT-ADJ...... 12. Federal standard or itemized deduction amount (from federal Form 1040, line 8) 999,999,999 12**|**999**,**999**,**999 13. Federal exemption amounts are suspended for tax years 2018 through 2025 by the Federal Tax Cuts and Jobs Act. The amount on this line is zero (0) until the expiration date.) 13 0 0 14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions 999,999,999 999,999,999 999,999,999 999,999,999 15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ ... 999, 16. Medical care expense deduction. See PIT-1 instructions... 999,999 999,999,999 16 (You must complete both lines 16 and 16a or the deduction will be denied.) 16a. Unreimbursed and uncompensated medical care expenses. 16a 999, 999, 999,999,999 17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12,14,15 and 16 17 1999,999,999 18. New Mexico tax amount on line 17 or from PIT-B, line 14..... 999 999, 999,999 999, 999 19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions. 999 999 999 999 999,999 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....... 999 999 999,999 999 999, 20 999, 999, 21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR... 999 999,999,999 22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21 999. 999, 999 999,999,999

2018 PIT-X (page 2) NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN

Version Code 9

YOUR SOCIAL SECURITY NUMBER

999-99-9999

If submitting this return by mail, send to: New Mexico Taxation and Revenue Department P. O. Box 25122

2018 PIT-X, PAGE 2 BARCODE SHOULD READ *180179999* where the last four digits are replaced with your vendor code.

| Santa Fe, New Mexico 87504-5122 | | XXXXXXXX | .xxxxxxxxxxxxx | XXXXXXXXXXX | |
|--|-------------------------------------|-------------------------------|---|---|--|
| Attach schedules even if they did not change from the | previously filed return. | | AS PREVIOUSLY FILED | AS AMENDED | |
| 23. The amount on line 22 from page 1 | | | 23 999, 999, 999 | 999,999,999 | |
| 24. Total claimed on rebate and credit schedule (PIT- | | | 24 999, 999, 999 | 999,999,999 | |
| Working families tax credit. (Lines 25 and 25a rec | uired or the deduction will be | denied.) | 25 999, 999, 999 | 999,999,999 | |
| 25a. The amount of federal earned income credit (I reported on your 2018 federal income tax returns.) | IC) 25a 999.9 | 199.999 | 25 35 5 7 5 5 5 7 5 5 5 | 1 333 1 333 1 333 | |
| 26. Refundable business-related income tax credits f | rom Schedule PIT-CR, line B | . Attach PIT-CR | 26 999, 999, 999 | 999,999,999 | |
| 27. New Mexico income tax withheld. Attach annual | statements of income and | withholding | 27 999, 999, 999 | 999,999,999 | |
| 28. New Mexico income tax withheld from oil and gas | proceeds. Attach 1099-MISC or F | RPD-41285 | 28 999, 999, 999 | 999,999,999 | |
| 29. New Mexico income tax withheld from a pass-thro | ugh entity Attach 1099-MISC or RI | PD-41350 | 29 999, 999, 999 | 999,999,999 | |
| 30. 2018 estimated income tax payments. See PIT-1 | 9 | | 30 999, 999, 999 | 999,999,999 | |
| 31. Other payments less any refunds from this schedule, line S3, below. | | | 31 999, 999, 999 | 999,999,999 | |
| 32. TOTAL PAYMENTS AND CREDITS. Add lines 24 | | | 32 999, 999, 999 | 999,999,999 | |
| 33. TAX DUE. If line 23 is greater than line 32, enter | the difference here | | 33 999, 999, 999 | 999,999,999 | |
| 34. Penalty on underpayment of estimated tax. See F | PIT-1 instructions | | 34 999, 999, 999 | 999,999,999 | |
| 35. Special method allowed for calculation of underparts | ayment of estimated tax pena | alty. If you owe | | • | |
| penalty on underpayment of estimated tax and yo | ou qualify, enter 1, 2, 3, 4, or | 5 in the box | 35. 9 | | |
| Attach RPD-41272. | | | | | |
| 36. Penalty. See PIT-1 instructions. If you want penal | ty computed for you, leave bl | ank | 36 999, 999, 999 | 999,999,999 | |
| 37. Interest. See PIT-1 instructions. If you want intere | st computed for you, leave b | lank | 37 999, 999, 999 | 999,999,999 | |
| 38. TAX, PENALTY, AND INTEREST DUE. Add lines | 33, 34, 36, and 37 | | 38 999, 999, 999 | 999,999,999 | |
| 39. OVERPAYMENT. If line 23 is less than line 32, e | nter the difference here | | 39 999, 999, 999 | 999,999,999 | |
| 40. Refund voluntary contributions (PIT-D, line 17). A | ttach PIT-D | | 40 999, 999, 999 | 999,999,999 | |
| 41. Amount from line 39 you want applied to your 2 | 019 Estimated Tax | | 41 999, 999, 999 | 999,999,999 | |
| 42. AMOUNT TO BE REFUNDED TO YOU. Line 39 | minus lines 40 and 41 | | 42 999, 999, 999 | 999,999,999 | |
| !! REFUND EXPRESS !! HAVE IT DIRECTLY DEF | POSITED! SEE INSTRUCTIONS AND | COMPLETE ALL | REQUIRED: You must answ | | |
| QUESTIONS IN THIS BL | PE.3 Type: | Choose one. | WILL THIS REFUND GO TO ACCOUNT LOCATED OUT | O OR THROUGH AN SIDE THE U.S.? If yes, you may be instructions. | |
| RE.1 Routing number: 99999999 | Check | king X Mark X b | ce. | | |
| RE.2 Account number: 999999999999999999999999999999999999 | 39 Savini | gs X | RE.4 YES X NO | X | |
| I declare I have examined this return, including accompanying schedu my knowledge and belief it is true, correct, and complete. (If filing join | | Paid prepare | r's use only: | | |
| Your signature | Date | Signature of p | renarer | Date | |
| | MM/DD/CCYY | 11 ' | XXXXXXXXXXXXXXXX | | |
| REQUIRED: DRIVER'S LICENSE, STATE ID no. or "NONE" XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | State Expiration Date XX MM/DD/CCYY | 11 | | | |
| F.H IIII 3 Hd | | e (or yours, if self-employed |) 999999-009 | | |
| | MM/DD/CCYY | | lentification number 99- PTIN X9999999 | | |
| REQUIRED: SPOUSE'S DRIVER'S LICENSE, STATE ID no. or "NONE" | State Expiration Date | P.3 Preparer's | 9-9999999 | - | |
| 77777777777777777777777777777777777777 | | | P.5 Preparer's phone number 999-999-999 | | |
| Taxpayer's phone number (999) 999–9999 | | ' | Mark this box if Form RPD-41338 is on file for this taxpayer. | | |
| Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXX | | T-1 instructions. | | |
| Complete this schedule and report the resu | | ments less | Date | Amount | |
| any refunds from schedule below. | payi | | | 999,999,999 | |
| | | | 1 | 2,22,23 | |

| S1. 2018 Other payments. List any tax year 2018 payments made before or separate from | MM/DD/CCYY | 999,999,999 |
|---|---------------------|-------------|
| the submission of this amended return. Also, enter the date of the payment. Do not include any | MM/DD/CCYY | 999,999,999 |
| estimated payments reported on line 30 of this form. If you made more than four payments, | MM/DD/CCYY | 999,999,999 |
| attach a schedule showing payment dates and amounts. | S1a Sum of payments | 999,999,999 |
| S2. 2018 Refunds received. List any refunds received from a previously filed 2018 New Mexico | MM/DD/CCYY | 999,999,999 |
| PIT-1. Do not include any interest the New Mexico Taxation and Revenue Department paid, if | MM/DD/CCYY | 999,999,999 |
| any, on your refund. | S2a Sum of refunds | 999,999,999 |
| S3. Subtract line S2a from line S1a. Subtract the sum of refunds reported on line S2a from the sum | | |
| of payments reported on line S1a. Enter here and on line 31 of this form. May be a negative number. | S3 | 999,999,999 |