2020 PIT-X NEW MEXICO PERSONAL INCOME TAX

AMENDED RETURN For the year January 1 - December 31, 2020

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

Vendor	Product	Version	Disaster Relief
9999	99	9	XXXXXXXXXXXXXXXXXXXXX

Print your name (first, middle, last)

1a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 1b SOCIAL SECURITY NUMBER 999-99-9999 Blind 1c X Age 65 or over 1d X Residency status 1e X 1f Taxpayer's date of birth MM/DD/CCYY

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

2a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 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.

Mailing Address (Number and street)

3b XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City State Postal/ZIP Code

3c XXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXX

If foreign address, enter country Foreign province and/or state

3d XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

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.

If taxpayer or spouse died before this return is filed, enter date of death.

4c Taxpayer's date of death MM/DD/CCYY

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

4a Name XXXXXXXXXXXXXXXXXXXXX

4b SSN 999-99-9999

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)

6a X **EXTENSION OF TIME TO FILE.** 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 exemption on your federal return.)
- (4a)
- X (5) Qualifying widow(er) with dependent child

	AS PREVIOUSLY FILED	AS AMENDED
9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11) 9	999,999,999	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 instructions 10	999,999,999	999,999,999
11. Total Additions to federal income (PIT-ADJ, line 5). **Attach PIT-ADJ** 11	999,999,999	999,999,999
12. Federal standard or itemized deduction amount. (from federal Form 1040 or 1040SR, line 12) 12	999,999,999	999,999,999
12a. If you **itemized**, mark the box 12a X		
13. Deduction for certain dependents. See the worksheet in the PIT-1 instructions 13	999,999,999	999,999,999
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions 14	999,999,999	999,999,999
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). **Attach PIT-ADJ** 15	999,999,999	999,999,999
16. Medical care expense deduction. See PIT-1 instructions 16	999,999,999	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	999,999,999
18. New Mexico tax amount on line 17 or from PIT-B, line 14 18	999,999,999	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	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	999,999,999
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. **Attach PIT-CR** 21	999,999,999	999,999,999
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21 22	999,999,999	999,999,999

Continue on the next page.

You may file an amended return online through Taxpayer Access Point (TAP) at **https://tap.state.nm.us**.

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2020 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
Santa Fe, New Mexico 87504-5122

Attach schedules even if they did not change from the previously filed return.

Reason for amending: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

		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-RC, line 25). **Attach PIT-RC**	24 999,999,999	999,999,999
25.	Working families tax credit. (Lines 25 and 25a required or the deduction will be denied.)	25 999,999,999	999,999,999
25a.	The amount of federal earned income credit (EIC) reported on your 2020 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	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 RPD-41285**	28 999,999,999	999,999,999
29.	New Mexico income tax withheld from a pass-through entity. **Attach 1099-MISC or RPD-41359**	29 999,999,999	999,999,999
30.	2020 estimated income tax payments. See PIT-1 instructions	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 through 31	**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 PIT-1 instructions	34 999,999,999	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	999,999,999
37.	Interest. See PIT-1 instructions. If you want interest computed for you, leave blank	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, enter the difference here	39 999,999,999	999,999,999
40.	Refund voluntary contributions (PIT-D, line 17). **Attach PIT-D**	40 999,999,999	999,999,999
41.	Amount from line 39 you want **applied to your 2021 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 DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.

RE.1 Routing number: 999999999
RE.2 Account number: 999999999999999999

RE.3 Type: Choose one.
Checking X Mark **X** by your choice.
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. (If filing jointly, BOTH must sign.)

Your signature _____ Date MM/DD/CCYY
Driver's License, State ID No. or enter "NONE" or "DECLINED" XXXXXXXXXXXXXXXXXXXXXXXXXXXX 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" XXXXXXXXXXXXXXXXXXXXXXXXXXXX State XX Expiration Date MM/DD/CCYY
Taxpayer's phone number (999) 999-9999
Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXXX

Paid preparer's use only:
Signature of preparer _____ Date
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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.

Complete this schedule and report the result on line 31, Other payments less any refunds from schedule below.

	Date	Amount
S1. 2020 Other payments. List any tax year 2020 payments made before or separate from the submission of this amended return. Also, enter the date of the payment. Do not include any estimated payments reported on line 30 of this form. If you made more than four payments, attach a schedule showing payment dates and amounts.	MM/DD/CCYY	999,999,999
	MM/DD/CCYY	999,999,999
	MM/DD/CCYY	999,999,999
	MM/DD/CCYY	999,999,999
	S1a Sum of payments	999,999,999
S2. 2020 Refunds received. List any refunds received from a previously filed 2020 New Mexico PIT-1. Do not include any interest the New Mexico Taxation and Revenue Department paid, if any, on your refund.	MM/DD/CCYY	999,999,999
	MM/DD/CCYY	999,999,999
	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

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