# 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 |
|--------|---------|---------|
| 9999 | 99 | 9 |

**Disaster Relief**
XXXXXXXXXXXXXXXXXXXX

**Print your name (first, middle, last)**
1a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**SOCIAL SECURITY NUMBER**  1b 999-99-9999

Blind 1c [X]   Age 65 or over 1d [X]   Residency status 1e [ X ]

Taxpayer's date of birth  1f MM/DD/CCYY

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

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

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

**Mailing Address (Number and street)**
3b XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| City | State | Postal/ZIP Code |
|------|-------|-----------------|
| 3c XXXXXXXXXXXXXXXXXXXXXXXX | XX | XXXXXXXXX |

**If foreign address, enter country**   **Foreign province and/or state**
3d XXXXXXXXXX   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 XXXXXXXXXXXXXXXXXXXXX
**Name**

4b 999-99-9999
**SSN**

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

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

Spouse's date of death 4d 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)

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) |
|---------------------------------|--------------------------|-------------------------------------|
| XXXXXXXXXXXXXXXXXXXXXXXXX | 999-99-9999 | MM/DD/CCYY |
| XXXXXXXXXXXXXXXXXXXXXXXXX | 999-99-9999 | MM/DD/CCYY |
| XXXXXXXXXXXXXXXXXXXXXXXXX | 999-99-9999 | MM/DD/CCYY |
| XXXXXXXXXXXXXXXXXXXXXXXXX | 999-99-9999 | MM/DD/CCYY |
| XXXXXXXXXXXXXXXXXXXXXXXXX | 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

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| | | 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 (You must complete both lines 16 and 16a or the deduction will be denied.) | 16  999,999,999 | 999,999,999 |
| | 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.**

# 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

Reason for amending: XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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-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: 99999999999999999

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" XXXXXXXXXXXXXXXXXXXXXXXXXXX  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" XXXXXXXXXXXXXXXXXXXXXXXXXXX  State XX | Expiration Date MM/DD/CCYY |

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

**Paid preparer's use only:**

Signature of preparer _____  Date _____
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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.**

**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.

| | Date | Amount |
|---|---|---|
| | 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.

| | Date | Amount |
|---|---|---|
| | 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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