Final 1.1 02/01/2023

2022 FID-D Fiduciary Pass-Through Entity Withholding Detail Report

Vendor 9999 Product 99 Version 9

BARCODE SHOULD READ *228489999* where the last four digits are replaced with your vendor code.

You can e-file and e-pay PTW-D using the Department's Taxpayer Access Point (TAP) website at https://tap.state.nm.us. Over 51 requires e-file and e-pay.

Name of Pass-Through Entity	FEIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-999999999

Address (Number and street)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address (continued)	City	State	Postal/ZIP Code
XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XX	999999999999

If foreign address, enter county	Foreign province and/or state
XXXXXXXXXXXXXXXXXXXXXXXX	

Beginning of Tax Year	Last Day of Tax Year	Federal Due Date	Extended Due (MMDDCCYY)
MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY

CHECK ONE (Required):

A. [X] Original Return
B. [X] Amended Return
B.(i) Type: 99
B.(ii) Date: MM/DD/CCYY
B.(iii) 7-1-13(G) Payment Election [X]

C. Type of New Mexico Income Tax return the PTE is filing for the current tax year
[X] PTE [X] S-Corp [X] CIT-1 [X] Other XXXXXXXXXXXXX

D. Reporting Detail (Check all that apply)
[X] Withholding Report [X] Composite Return [X] Entity Level Tax

TAX INFORMATION AND POLICY OFFICE

1.	Total New Mexico Net Income		1. 999,999,999,999
2.	Total withholding tax from Line 8 on all Schedule A's		2. 999,999,999,999
3.	Total tax withheld passed to the owners (see instructions)	-	3. 999,999,999,999
4.	Subtotal of Withholding Tax Due (subtract line 3 from line 2, enter amount here)	=	4. 999,999,999,999
5.	Total owner Composite Tax amount from Line 11 on all Schedule A's	+	5. 999,999,999,999
6.	Total Entity Level Tax from Line 12 on Schedule A's	+	6. 999,999,999,999
7.	Subtotal of Tax Due (add lines 4,5, and 6, enter the amount here)	=	7. 999,999,999,999
8.	Total payments and credits (see instructions)	-	8. 999,999,999,999
9.	**Tax Due**. (If line 7 is greater than line 8, enter the difference here)		9. 999,999,999,999
10.	Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank.	+	10. 999,999,999,999
11.	Interest. If you want interest calculated for you, leave blank.	+	11. 999,999,999,999
12.	**Tax, Penalty, and Interest Due** (Add lines 9, 10, and 11, enter amount here)	=	12. 999,999,999,999
13.	**Overpayment**. (If line 8 is greater than line 7, enter difference here)		13. 999,999,999,999
14.	Amount from line 13 you want applied to your 2023 estimated tax.	-	14. 999,999,999,999
15.	**Amount to be refunded to you**. (Line 13 minus line 14)	=	15. 999,999,999,999

DRAFT FORM

DO NOT FILE

TAX INFORMATION AND POLICY OFFICE

Important: A refund claim requires a RPD-41373, *Application for Refund of Tax Withheld From Pass-Through Entites*.

Taxpayer's Signature

I declare that 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. Declaration of preparer (other than taxpayer or an employee of the taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer — Date

XXXXXXXXXXXXXXXXXX (999) 999-9999

Title — Contact phone number

Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXX

Paid Preparer's Use Only

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Signature of preparer if other than employee of the taxpayer — Date

P1 **NMBTIN** 99-999999-009

P2 **FEIN** 99-9999999

P3 **Preparer's PTIN** X99999999

P4 **Preparer's phone number** (999)999-9999

Final 1.1 02/01/2023

2022 FID-D Fiduciary Pass-Through Entity Withholding Detail Report

2022 FID-D, PAGE 2
BARCODE SHOULD READ *228499999* where the last four digits are replaced with your vendor code.

Version code 9

FEIN 99-999999999

Schedule A

You can e-file and e-pay PTW-D using the Department's Taxpayer Access Point (TAP) website at https://tap.state.nm.us.

1

1a. Owners SSN/ITIN/FEIN	1b. ID Provided	3a. Owners Address (Number Street)
999-99-9999 99-999999999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Owners Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX	XX	99999- 99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owners share of allocable net income	8. Owners share of withholding tax	9. Owner's Percentage
X	X	X	999,999,999,999	9,999,999,999	999.999%

10. Composite Return Election	11. Owner's Composite Tax Amount	12. Entity Level Tax on pro-rata/distributive
10a. ☒ Yes 10b. ☒ No	9,999,999,999	9,999,999,999

2

1a. Owners SSN/ITIN/FEIN	1b. ID Provided	3a. Owners Address (Number Street)
999-99-9999 99-999999999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Owners Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX	XX	99999- 99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owners share of allocable net income	8. Owners share of withholding tax	9. Owner's Percentage
X	X	X	999,999,999,999	9,999,999,999	999.999%

10. Composite Return Election	11. Owner's Composite Tax Amount	12. Entity Level Tax on pro-rata/distributive
10a. ☒ Yes 10b. ☒ No	9,999,999,999	9,999,999,999

3

1a. Owners SSN/ITIN/FEIN	1b. ID Provided	3a. Owners Address (Number Street)
999-99-9999 99-999999999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Owners Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX	XX	99999- 99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owners share of allocable net income	8. Owners share of withholding tax	9. Owner's Percentage
X	X	X	999,999,999,999	9,999,999,999	999.999%

10. Composite Return Election	11. Owner's Composite Tax Amount	12. Entity Level Tax on pro-rata/distributive
10a. ☒ Yes 10b. ☒ No	9,999,999,999	9,999,999,999

4

1a. Owners SSN/ITIN/FEIN	1b. ID Provided	3a. Owners Address (Number Street)
999-99-9999 99-999999999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Owners Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX	XX	99999- 99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owners share of allocable net income	8. Owners share of withholding tax	9. Owner's Percentage
X	X	X	999,999,999,999	9,999,999,999	999.999%

10. Composite Return Election	11. Owner's Composite Tax Amount	12. Entity Level Tax on pro-rata/distributive
10a. ☒ Yes 10b. ☒ No	9,999,999,999	9,999,999,999

TAX INFORMATION AND POLICY OFFICE DRAFT FORM DO NOT FILE

If you need more space, print this *Schedule A* directly from the website and attach the additional *Schedule A* forms to the first page of this form (RPD-41367/PTW-D).

Reproducing from a photocopy reduces the readability of the barcode on scanning equipment and can cause processing delays.

Page Totals
Required to carry **all** Schedule A totals to page 1.

Page:		
1 of 99	Total for all **Line 8**'s:	9,999,999,999
	Total for all **Line 11**'s:	9,999,999,999
	Total for all **Line 12**'s:	9,999,999,999

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2022 FID-D Fiduciary Pass-Through Entity Withholding Detail Report

2022 FID-D, PAGE 3
BARCODE SHOULD READ *228499999* where the last four digits are replaced with your vendor code.

Version code 9

FEIN 99-999999999

Schedule A Supp

You can e-file and e-pay PTW-D using the Department's Taxpayer Access Point (TAP) website at https://tap.state.nm.us.

	1a. Owners SSN/ITIN/FEIN	1b. ID Provided	3a. Owners Address (Number Street)
99	999-99-9999 99-999999999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Owners Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XX	99999- 99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owners share of allocable net income	8. Owners share of withholding tax	9. Owner's Percentage
X	X	X	999,999,999,999	9,999,999,999	999.999%

10. Composite Return Election	11. Owner's Composite Tax Amount	12. Entity Level Tax on pro-rata/distributive
10a. ☒ Yes 10b. ☒ No	9,999,999,999	9,999,999,999

TAX INFORMATION AND POLIC

	1a. Owners SSN/ITIN/FEIN	1b. ID Provided	3a. Owners Address (Number Street)
99	999-99-9999 99-999999999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Owners Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XX	99999- 99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owners share of allocable net income	8. Owners share of withholding tax	9. Owner's Percentage
X	X	X	999,999,999,999	9,999,999,999	999.999%

10. Composite Return Election	11. Owner's Composite Tax Amount	12. Entity Level Tax on pro-rata/distributive
10a. ☒ Yes 10b. ☒ No	9,999,999,999	9,999,999,999

DRAFT FORM

	1a. Owners SSN/ITIN/FEIN	1b. ID Provided	3a. Owners Address (Number Street)
99	999-99-9999 99-999999999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Owners Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XX	99999- 99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owners share of allocable net income	8. Owners share of withholding tax	9. Owner's Percentage
X	X	X	999,999,999,999	9,999,999,999	999.999%

10. Composite Return Election	11. Owner's Composite Tax Amount	12. Entity Level Tax on pro-rata/distributive
10a. ☒ Yes 10b. ☒ No	9,999,999,999	9,999,999,999

DO NOT FILE

	1a. Owners SSN/ITIN/FEIN	1b. ID Provided	3a. Owners Address (Number Street)
99	999-99-9999 99-999999999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Owners Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XX	99999- 99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owners share of allocable net income	8. Owners share of withholding tax	9. Owner's Percentage
X	X	X	999,999,999,999	9,999,999,999	999.999%

10. Composite Return Election	11. Owner's Composite Tax Amount	12. Entity Level Tax on pro-rata/distributive
10a. ☒ Yes 10b. ☒ No	9,999,999,999	9,999,999,999

TAX INFORMATION AND POLICY OFFICE

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Page Totals
Required to carry **all** Schedule A totals to page 1.

Page: 99 99 ____ of ____

Total for all Line 8's:	9,999,999,999
Total for all Line 11's:	9,999,999,999
Total for all Line 12's:	9,999,999,999