Final 1.0 06/15/2022

2022 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN For the year January 1 - December 31, 2022

or fiscal year beginning $_{\text{E,1}}\text{MM}/\text{DD}/\text{CCYY}$ ending $_{\text{E,2}}$ $_{\text{MM}}/\text{DD}/\text{CCYY}$

2022 PIT-1, PAGE 1 BARCODE SHOULD READ *220189999* where the last four digits are replaced with your vendor code.

Vendor Product Version

If amending use Form 2022 PIT-X. Disaster Relief

٠.	XXXXXXXXXX	XXXXXXXXX			
P	nt your name (first, middle, last)		SOCIAL SECURITY NUMBER Age 65 Residency		
1a >	****		Blind or over status Taxpayer's date of birth 1b 999-99-9999 1cX 1dX 1e X 1f MM/DD/CCYY		
	int your spouse's name (first, middle, last). If married filing separately, include spouse.]	9 10 A 10 A 1e 4	Spouse's date of birth
2a 🔀	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	2b 999-99-999	9 2c X 2d X 2e 2	X 2f MM/DD/CCYY
			4. If a deceased taxpayer's refur	nd must If taxpayer or s	pouse Taxpayer's date of death
_	If the address is new or changed, mark this box.		be made payable to a person other than the taxpayer or spouse named died before this return is filed, enter		
	failing Address (Number and street)		on this return, enter below the name date of death. Spouse's date of death		
3b ∑ C			person. You must also attacl		4d MM/DD/CCYY
	××××××××××××××××××××××××××××××××××××××		RPD-41083.		Residency status:
	foreign address, enter country Foreign province and/or		4a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	For taxpayer and spouse (1e and 2e), enter:
3d 🔀	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxx	4b 999-99-99	CY OFF	R if Resident
<u>ε</u> Γ	99 EXEMPTIONS: Taxpayer, spouse, depende		SSN SSN	99_	N if Non-Resident
٥. L	reported on federal Form 1040. If you are a depe another taxpayer, enter 00. (See instructions)				F if First-Year Resident P if Part-Year Resident
6a	EXTENSION OF TIME TO FILE: If you have extension, mark box 6a and enter the extension date in	ve a federal or state n box 6b.	M/DD/CCYY	l —	ATUS. Mark only one box.
	8. DEPENDENTS AND OTHER DEPEND		X (1) SingleX (2) Married filin		
┝	(You must report the first 5 dependents and other dependence Column 1	dents in this table. Use Schedule Column 2	PIT-S for additional entries.) Column 3		
F	irst name Last name	Dependent's SSN	Date of birth (MM/DD/CCYY)	X (3) Married filin and social secu	g separately (Enter spouse's name rity number in 2a and 2b.)
<u> </u>		999-99-9999	MM/DD/CCYY	(4) Hood of hou	lookeld (Tutungan of many
<u> </u>		999-99-9999	MM/DD/CCYY	qualifying you a	ISEhold (Enter name of person s head of household if that person is not
<u> </u>		999-99-9999 999-99-9999	MM/DD/CCYY MM/DD/CCYY		alified dependent on your federal return.)
⊢		999-99-9999	MM/DD/CCYY	I 🗆 ` ′ — — — — — — — — — — — — — — — — — —	XXXXXXXXXXXXXXX vidow(er) with dependent child
			MM/DD/CCII	(b) Qualifying v	Macw(ci) with appendent office
9.	FEDERAL ADJUSTED GROSS INCOME.	(from federal Form 1040	or 1040SR, line 11)		9 999,999,999
10.	D. 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. Se				10 999,999,999
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Atta			Attach PIT-AD I		
• • •	Total Maditions to load al adjusted groos in	Some (111 ABO, into 6).	Attaon I II Abo		11 999, 999, 999
12.	Federal standard o <mark>r i</mark> temiz <mark>ed ded</mark> uction <mark>a</mark> m	ount (from federal Form	1040, line 12)		12 999,999,999
	12a. If you itemized , mark the box			12a X	12 33373337333
13.	Deduction for certain dependents. See the				13 999,999,999
		·		-	14 999,999,999
15.	Total Deductions and Exemptions from feder	∍ral income (PIT-ADJ, lin	ne 26). Attach PIT-ADJ	ICY OF	15 999,999,999
16.	Medical care expense deduction. See PIT-1	instructions	ANDIGL		
	You must complete both lines 16 and 16a or the deduction	n will be denied.		-	16 999,999,999
	16a. Unreimbursed and uncompensated me	edical care expenses	16a 999 , 99	9,999	
17.	NEW MEXICO TAXABLE INCOME. Add lin Cannot be less than zero.				17 999,999,999
18.	New Mexico tax on amount on line 17 or fro	m PIT-B, line 14			18 999,999,999
18a. From Tax Rate Table = R . From PIT-B, line 14 = B				18a X	18 999,999,999
					19 999, 999, 999
20.). Credit for taxes paid to another state. You must have been a New Mexico resident during all or				
24	part of the year. Include a copy of other state's return. See PIT-1 instructions				
	Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR				
~	than zero		aot mies 20 anu 21. Gaille	<u>–</u>	22 999,999,999
					<u> </u>

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is May 01, 2023. All others must file by April 18, 2023. See PIT-1 instructions for details.

Continue on the next page.

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2022 PIT-1 (page 2) **NEW MEXICO PERSONAL INCOME TAX RETURN**

YOUR SOCIAL SECURITY NUMBER

999-99-9999

2022 PIT-1, PAGE 2 BARCODE SHOULD READ *220199999* where the last four digits are replaced with your vendor code.

Do not submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to: New Mexico Taxation and Revenue Department, P. O. Box 25122, Santa Fe, New Mexico 87504-5122 999 999. 999 23. The amount on line 22 from page 1...... 999 999 999. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC. 999 999 999 25. Working families tax credit. (You must complete lines 25, 25a, and 25b* or the deduction will be denied.).......... 25a. The amount of federal earned income credit (EIC) reported on your 2022 federal income tax return or calculated under NM Expansion...... 25b. *NM Expansion Only: Check this box if you **did not** qualify for the EIC on your federal return... 25b $|{
m X}|$ 999,999,999 26 26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR...... 999,999,999 27 27. New Mexico income tax withheld. Attach annual statements of income and withholding...... 28 999,999,999 New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285..... 29 999,999,999 New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359...... 999,999,999 30 2022 estimated income tax payments. See PIT-1 instructions..... 30. 31 999, 999,999 31. Other Payments..... 999. 999 32 TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31. 33 999, 999, 999 33. TAX DUE. If line 23 is greater than line 32, enter the difference here...... 999,999,999 34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank................ 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 9 999 999 999 36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank...... 999 999 999 37 37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank......land....... 999 999, 999 38 TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37..... 38. 999 999 OVERPAYMENT. If line 23 is less than line 32, enter the difference here..... 39 39 999 Refund voluntary contributions (PIT-D, line 19). Attach PIT-D. 999 999 999 41. Amount from line 39 you want applied to your 2023 Estimated Tax 999 999 AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41...... !! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL REQUIRED: You must answer this question QUESTIONS IN THIS BLOCK. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT Choose one. RE.3 Type: LOCATED OUTSIDE THE UNITED STATES? If yes, you may not Mark X by RE.1 Routing number: 99999999 Checking use this refund delivery option. See instructions. your choice. RE.2 Account number: 999999999999999 Savings YES X NO X Check this box if you would like to see if you and the members of your household qualify for medical insurance through the Human Services Department (HSD) or Health Insurance Exchange (NMHIE). Important: Checking this box gives the Taxation and Revenue Depart-

ment permission to share information provided on the PIT-1 and PIT-5 with HSD and NMHIE. See instructions for additional information.

ments, and to the best of my knowledge and belief it is true, correct, and complete. Your signature MM/DD/CCYY Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date MM/DD/CCYY Spouse's signature MM/DD/CCYY Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" **Expiration Date** MM/DD/CCYY

(If filing jointly, BOTH must sign even if only one had income.)

Taxpayer's phone number (999)99-9999

I declare I have examined this return, including accompanying schedules and state-Paid preparer's use only:

Signature of preparer

Date

P.1 Firm's name (or yours, if self-employed)

P.2 NMBTIN 99-999999-009

P.3 Preparer's PTIN X99999999

P.4 FEIN <u>99-</u>9999999

(999)999-9999P.5 Preparer's phone number

Mark this box if Form RPD-41338 is on file P.6 Mark for this taxpayer. See PIT-1 instructions.