2023 FID-1 NEW MEXICO FIDUCIARY INCOME TAX RETURN

Vendor Product Version 9 9 9 9 9 9 9

Disaster Relief

2023 FID-1, PAGE 1
BARCODE SHOULD READ *238089999* where the last four digits are replaced with your vendor code.

The FID-1, accompanying schedules and payments are due on the same day as the required federal return. Mail the original return and tax due to the New Mexico Taxation and Revenue Department, P.O. Box 25127, Santa Fe, NM 87504-5127. You must pay tax due in full. **Do Not Send Cash.**

	Name of estate or trust	l [Nar	ne and title of fiduci	iary				FOR DEPARTMENT
A1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A2	ΧΣ	XXXXXXXXX	XX	XXXXXX	XXXX	XXXXX	USE ONLY
A3	Address of fiduciary - (Number and street)			City				State	†
AS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XXX	XXXXXXXX	XX	XXXXXX	XXXX	X XX	
Ī	Postal/ZIP code If foreign address, enter country	F	oreign	province and/or state	۸	Federal Employe	r Identifica	ation Number o	f estate or trust (Required)
ŀ	$\times \times $		XXX	XXXXXXXX	A5	99-99	9999	9	
		_							
B	Date trust or estate created. MM/DD/CCYY			F1 X Calendar yea	ır	F2 X Fiscal	vear b	eainnina F3[MM/DD/CCYY
-	Date it dot of obtate diodica.			ending 12-31					MM/DD/CCYY
C.	If this is a final fiduciary return, enter liquidation or distribution	date	•	WID DO		ICV (HAF	,
	MM/DD/CCYY	JI	1			ECK APPLIC			Massica sacidant
_				G1 Ϫ Grantor Trust	G2	X Simple T	rust	33 X trust o	ew Mexico resident or estate, mark the box.
D.	Has an adjustment to your federal taxable income for any prio by the Internal Revenue Service not been reported to New Me		ar	_		_		_	
	·	XICO	•	^{G4} ⊠ Estate	G5	X Complex	Trust	³⁶ ⊠ Amer	nded
	X YES X NO							7-1-13	(G)
	If yes, you must submit an amended New Mexico return.			G7 9 Type G8 Da	te <u></u> ∿	<u> IM/DD/C</u>	CYY (³⁹ X Payme	ent Election
l_				ORIGINAL DUE D	ATE	OF REQUI			
E.	If you owe penalty on underpayment of estimated tax and you qualify for a special calculation method, enter	_		Prior to extension.					/DD/CCYY
	1, 2, 3, 4, or 5 in the box, and attach Form RPD-41272.	Χ		EXTENSION OF 1					
				state extension, m					date.
			-): J2	MM/DD	/ CC 1	<u> </u>	
				к1 $\overline{\mathbb{X}}$ Mark if elec	ting	entity-level to	ах.		
4	Fordered Associates in course of fiducions (Con. 044/a) fordered Associates	د ما د د		00 000 0	α c) _'	1	1 99 9	99,999,999
1. 2.	Federal taxable income of fiduciary (Sec. 641(c) federal taxable Additions to federal income (from FID-1, page 2, line 4)								99,999,999
									99,999,999
3.	Deductions from federal income (from FID-1, page 2, line 10).						- 		99,999,999
4. 5.	New Mexico taxable income. Add lines 1 and 2, then subtract Tax on line 4 amount. Use the Tax Rate Table in FID-1 instruc						_		99,999,999
5. 6.	New Mexico percentage of income (from FID-B, Schedule 1, li						Ľ		999.9999_ %
									<u> </u>
7.	New Mexico income tax. Multiply line 5 by the percentage on I If you do not need to complete Form FID-B, enter amount from						+ 7	99,9	99,999,999
8.	Tax on lump-sum distributions (from worksheet in instructions)						+ 8	99,9	99,999,999
9.	Total New Mexico tax. Add lines 7 and 8							99,9	99,999,999
10.	Credit for taxes paid to another state (worksheet in instructions)	. Incl	ude d	other state return cop	ру		- 10	99,9	99,999,999
11.	Total credits applied against the income tax liability due (from	FID-	CR, I	ine A). Attach FID-0	CR.		- 11	99,9	99,999,999
12.	Net New Mexico income tax. Subtract lines 10 and 11 from li	ne 9	. Car	not be less than ze	ero		= 12	99,9	99,999,999
Calc	culation of withholding tax and composite income tax (Comp	plete	this se	ection if filing withhold	ing t	ax and/or com-		ICL	
	e tax for beneficiaries. Leave this section blank if filing only fiduciary inco)		
13.	Total allocable net income						13		99,999,999
14.	Distributions to beneficiaries on which the fiduciary has elected		-	•			14	99,9	99,999,999
15.	Withholding tax rate (5.9%)						15		5.9%
16.	Amount of withholding tax on distributions to beneficiaries. Mu			•			16		99,999,999
17.	Total withholding tax passed directly to beneficiaries (see instr						17		99,999,999
18.	Subtract line 17 from line 16. This is the total amount of with						18		99,999,999
19.	Distributions the fiduciary has determined will be subject to co	•			0		19	33 , 3	99,999,999
20.	Composite income tax rate (5.9%)						20 21	99 0	99,999,999
21.	Multiply line 19 by line 20. This is the total amount of compo	osite	inco	ome tax			[2]	99 , 9.	,,,,,,,,,,,,
Calc	culation of entity-level tax (Complete this section only if electing to	file e	entitv-	level tax. If not electing	a to	file and pav			
	-level tax, leave this section blank.)		,		J				
22.	Total allocable net income						22	99.9	99,999,999
	Adjustments to allocable net income						23		99,999,999

2023 FID-1 (page 2) NEW MEXICO FIDUCIARY INCOME TAX RETURN

Name of estate or trust as shown on Form FID-1, page 1 FEIN of estate or trust

2023 FID-1, PAGE 2
BARCODE SHOULD READ *238099999* where the last four digits are replaced with your vendor code.

	Subtract line 23 from line 22. Distributions subject to entity-level tax				24	99,9	99	,999,	
25.	Entity-level tax rate (5.9%)				25	00 0	αα	,999,	5.9%
	Multiply line 24 by line 25. This is the total amount of entity-level tax $\frac{1}{2}$				26				
27.	Total New Mexico Tax. Add lines 12, 18, 21, and 26				27	99,9	99	,999,	999
	MENTS AND WITHHOLDING				20	00 0	ΩΩ	,999,	000
	Total Payments. \(\bigcap \) Estimated \(\bigcap \) Extension \(\bigcap \) Applied from prior	-			28			<u>, , , , , , , , , , , , , , , , , , , </u>	
29.	New Mexico income tax withheld not included on lines 30 and 31. Attac				<u> </u>			<u>,999,</u>	
30.	New Mexico income tax withheld from oil and gas proceeds. Attach 109				30			,999,	
31.	New Mexico income tax withheld from a pass-through entity. Attach 109				<u> </u>			<u>,999,</u> ,999,	
	Amount from lines 30 and 31 passed to beneficiaries				32			, 999, , 999,	
33.	Total payments and tax withheld. Subtract line 32 from the sum of lines				H-			, 999, , 999,	
	Tax Due. If line 27 is more than line 33, enter the tax due				- 34 - 35			, 999,	
35.	Penalty. See instructions							, 999,	
36.	Interest. See instructions				36			, 999,	
37.	Total amount due. Add lines 34, 35, and 36				38			, 999,	
38.	Overpayment. If line 33 is more than line 27, enter the difference				38a			, 999, , 999,	
	38a. Amount of overpayment to apply to 2024 liability. Cannot be more				- 38b			, 999,	
20	38b. Amount of overpayment to refund. Subtract line 38a from line 38				39			,999,	
	Total portion of tax credits to be refunded (from FID-CR, line B). Attach				40	99,9			
40.	Total refund of o <mark>verpaid tax and refundable credit due to</mark> you. Add <u>lin</u> es	SOD	and 39	<mark></mark>	-10	3373	J J	, , , , , ,	333
AD.	JUSTMENTS TO FEDERAL INCOME FOR FIDUCIARY								
ADD	ITIONS TO FEDERAL INCOME								
	distributed shares of:								
1.	Federal net operating loss carryover			+	. 1	99,9	99	,999,	999
2.	Non-New Mexico municipal bond interest			+	. 2	99,9	99	,999,	999
3.	Amount of tax paid by a pass-through entity on allocable net income			н	- 3	99,9	99	,999,	999
4.	Total additions. Add lines 1, 2, and 3. Enter on FID-1, page 1, line 2			=	4	99,9	99	,999,	999
DED	UCTIONS FROM FEDERAL INCOME								
Non	distributed shares of:								
5.	New Mexico net operating loss (attach RPD-41375)	. ,	<mark></mark>	+	- 5			,999,	
6.	Interest from U.S. government obligations			+	- 6			,999,	
7.	Net capital gains deduction. See instructions			+	- 7			<u>,999,</u>	
8.	Deduction for income set aside for future distribution from an estate or t	rust	to a nonresident individua	l +	- 8	99,9	99	<u>,999,</u>	999
9.	Deduction for certain expenses related to a New Mexico licensed canna	abis t	ousiness	+	- 9			,999,	
10.	Total deductions. Add lines 5, 6, 7, 8, and 9. Enter on FID-1, page 1, line	е 3		=	10	99,9	99	,999,	999
	TAY INCODMATION /	AA	ID DOLLC	VO					
<u>!!</u> R	EFUND EXPRESS !! HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUC	CTION	IS AND FILL IN 1, 2, 3, AND 4.			WILL THIS N ACCOUN			
DE4	1. Routing number: RE3 3. Type: Ch	o oki	ng 🔲 Savings 🗍	THE	JNITE	STATES? If	yes, y	ou may not ı	
RE1		ter X	Enter X	refur	d delive	ery option. Se	e instr	uctions.	
REZ	2. Account number.			RE4 YE	, _	NO	П	You must	
						NO	Ш	this quest	ion.
to the	are that I have examined this return, including accompanying schedules and statements, and be best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer rithan taxpayer or an employee of the taxpayer) is based on all information of which preparer		Paid preparer's us	e only					
has a	ny knowledge.		Signature of preparer if othe	r than em	plove	of the taxr	ayer		Date
Tax	cpayer's signature	5.4			. ,		•		
		P1	Print preparer's name						
Sic	nature of fiduciary or officer representing fiduciary Date	D0							
	material of materials of officer representing fluturally	P2	FEIN						
I =		P3	NMBTIN						
Titl	e Contact phone number	P4 P5	Preparer's PTIN Preparer's phone number						
Tax	payer's email address	. 0	pa. o. o pono namboi _					_	

2023 FID-B Schedule 1 COMPUTATION OF NEW MEXICO PERCENTAGE

Version code 9

 2023 FID-B, SCHEDULE 1
BARCODE SHOULD READ *238189999* where the last four digits are replaced with your vendor code.

FEIN of estate or trust

99-9999999

ESTATES OR TRUSTS WITH INCOME FROM BOTH INSIDE AND OUTSIDE NEW MEXICO MUST COMPLETE THIS SCHEDULE.

NOTE: The separate accounting method may not be used by a business in New Mexico.

TAX IN	Column 1 Less rel	column 2 ated expenses/ stributions	Column 3 Column 4 Allocation to New Mexico
1. Dividends	1 999,999,999 999,	999,999 999,	999,999 999,999,999
Interest, including non-New Mexico municipal bond interest	. 2 999,999,999 999,	999,999 999,	999,999 999,999,999
Income from other fiduciaries, S corporations, partnerships, and limited liability entities	3 999,999,999 999,	999,999 999,	999,999 999,999,999
4. Rents and royalties	4 999,999,999 999,	999,999 999,	999,999 999,999,999
Profit or loss from the sale or exchange of assets	5 999,999,999 999,	999,999 999,	999,999 999,999,999
Net business and farm income. Complete Form FID-B Schedule See instructions	. 6	999,	999,999 999,999,999
7. Other income. Attach schedule	7 999,999,999 999,	999,999 999,	<mark>9</mark> 99,9 <mark>99 9</mark> 99,999,999
8. Total of lines 1 through 7	8 999,999,999 999,	999,999 999,	999,999 999,999,999
8a. Calculate allocation percentage for Divide line 8, column 4 by line 8, co	deductions. umn 3		8a 999,999 %
For lines 9, 10, and 11, multiply the a	mount in Column 3 by the percentage in	line 8a to get the allocati	on to New Mexico in Column 4.
9. Deduction for exemption	FORMATION ANI	D PO 9 999,	999,999 999,999,999
10. Deduction for distributions not show	vn above	+ 10 999,	999,999 999,999,999
11. Other deductions. Attach schedule		+ 11 999,	999,999 999,999,999
12. Total of lines 9, 10, and 11		= 12 999,	999,999 999,999,999
13. Taxable income of estate or trust.	Subtract line 12 from line 8	13 999,	999,999 999,999,999
14. Income from lump-sum distribution	s. Attach federal Form 4972	+ 14 999,	999,999 999,999,999
45 Tatal in source Add lines 42 and 44			
15. Total income. Add lines 13 and 14.		= 15 999 ,	999,999 999,999,999

2023 FID-B Schedule 2

BUSINESS INCOME APPORTIONMENT FORMULA

Version code 9

Name of estate or trust as shown on Form FID-1, page 1

2023 FID-B, SCHEDULE 2 BARCODE SHOULD READ *238199999* where the last four digits are replaced with your vendor code.

Column 2

Percent

FEIN of estate or trust

99-9999999

ESTATES OR TRUSTS WITH INCOME FROM BOTH INSIDE AND OUTSIDE NEW MEXICO MUST COMPLETE THIS SCHEDULE. SEE INSTRUCTIONS BEFORE COMPLETING THIS SCHEDULE.

Column 1

Calculate each percentage below to 150 RMATION AND POLICY OFFICE four decimal places; for example, 22.6246%.

PROPERTY FACTOR	Everywhere	Inside New Mexico	Inside New Mexico
Average annual value of inventory1a	999,999,999	999,999,999	
Average annual value of real property 1b	999,999,999	999,999,999	
Average annual value of personal property	999,999,999	999,999,999	
Rented property. Multiply annual rental value by 81d	999,999,999	999,999,999	
Total property1e	99 <mark>9,999,</mark> 999	999,999,999	
Property factor. Divide Total property, Column 2 by Column 1 and then	multiply by 100	1	999.9999_%
PAYROLL FACTOR			
Wages, salaries, commissions, and other compensation	000 000 000	000 000 000	
of employees related to apportionable income ^{2a}	999,999,999	999,999,999	
2. Payroll factor. Divide Column 2 by Column 1 and then multiply by 100.		+ 2 _	999,9999_%
SALES FACTOR		_	
		000 000 000	
Gross receipts3a	9 <mark>99</mark> ,999 <mark>,9</mark> 99	999,999,999	
3. Sales factor. Divide Column 2 by Column 1 and then multiply by 100		+ 3	999.9999_%
4. TOTAL of lines 1, 2, and 3	ND POLIC	Y OFF = 4 E	<u>999.9999_%</u>
Count of feature			•
Count of factors ^{4a}	9		
5. Average New Mexico Percentage. Divide line 4 by the numb	er of factors entered in line	4a 5 <u> </u>	999.9999_%
Have you changed your reporting of any class or type of allo a prior taxable year? ☑Yes ☑No	cated or apportioned i	ncome from the way	it was reported in
This entity submitted written notification of its election to use	one of the special ma	athode of apportionme	ant of business
· · · · · · · · · · · · · · · · · · ·	•	• •	
income for tax year ending $\underline{\text{MM}/\text{DD/CCYY}}$. The effective $\underline{\text{Month/Day/Year}}$	e date of the election i	Month/Day/Year	See instructions.
Mark the box indicating the special method elected.	☑ Manufacturers	X Headquarters Op	eration

2023 FID-D Fiduciary as Pass-Through Entity

Detail of Beneficiary Withholding, Composite and Entity-Level Tax

2023 FID-D
BARCODE SHOULD READ *238489999* where the last four digits are replaced with your vendor code.

FEIN 99-999999

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

You	can e-ille and e-pay tr			· •			,	· · · · · · · · · · · · · · · · · · ·		
	1			1b. ID Provided XD SSN/ITIN XD FEIN	3a. Beneficiary Addres	,	XXXXX	XXXXXXXXXX	XXXXXXX	
	2 Beneficiary Name (First, Middl	le, Last)			3b. City		3c. State	3d. ZIP/Postal	3e. Mark if outside of	
1	XXXXXXXXXXX	XXXXXXX	XXXX	XXXXXXX	XXXXXXXXXXXXXXXXX		XX	99999-9999	the US/ Country Code X X X	
	4. Residency Status	5. Withholding re	required	6. Reason Code	7. Beneficiary share o	f allocable net income	8. Benefici	ary share of withholding tax		
	X		Х	99	99,999,	999,999	99,999,999,999			
	9. Amount of Beneficiary compos		eneficiary s	share of allocable net	t income subject to entit		11. Benefic	ciary share of entity-level tax		
	99,999,999,9	199			99,999,9	99,999		99,999,9	999,999	
	1a. Beneficiary SSN/ITIN/FEIN			1b. ID Provided	3a. Beneficiary Addres	ss (Number Street)				
	99-999-9999			XD SSN/ITIN YD FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	2 Beneficiary Name (First, Middl	le, Last)			3b. City		3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code	
2	XXXXXXXXXXXX	(XXXXXXX	XXXX	XXXXXXX	XXXXXXXXX	XXXXXXXXX	XX	99999-9999	XX XX	
_	4. Residency Status	5. Withholding re	required	6. Reason Code	7. Be <mark>ne</mark> ficiary share o	f allocable net income	8. Benefici	ary share of withholding tax		
	X		X	99	9 <mark>9</mark> ,999,	999,999		99,999,9	999,999	
	9. Amount of Beneficiary composite tax 10. Beneficiary share of allocable net						11. Beneficiary share of entity-level tax paid by the entity $99,999,999,999$			
	99,999,999,9	199			99,999,9	99,999		99,999,	999,999	
	1a. Beneficiary SSN/ITIN/FEIN			1b. ID Provided	3a. Beneficiary Addres	ss (Number Street)	-			
	1a. Beneficiary SSN/ITIN/FEIN 99-9999999999999999999999999999999999			1b. ID Provided SSN/ITIN FEIN	1	,	XXXXX	XXXXXXXXXX	XXXXXXX	
	•	e, Last)		½ SSN/ITIN	1	,	XXXXX 3c. State	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3e. Mark if outside of	
3	99-999-9999	,		y⊒ SSN/ITIN y⊒ FEIN	XXXXXXXX	,	3c. State	•		
3	99-999-9999 2 Beneficiary Name (First, Middl	,	XXXX	y⊒ SSN/ITIN y⊒ FEIN	XXXXXXXX	xxxxxxxxx xxxxxxxx	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code	
3	99-999-9999 2 Beneficiary Name (First, Middl)	XXXXXXX	XXXX	☑ SSN/ITIN ☑ FEIN XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code	
3	99-999-9999 2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withholding resite tax 10. Be	XXXX.	SSN/ITIN FEIN XXXXXXX 6. Reason Code	3b. City XXXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of 99, 999, 1 income subject to entity	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefici	3d. ZIP/Postal 9 9 9 9 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax	3e. Mark if outside of the US/ Country Code XX XX	
3	99-999-9999 2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withholding resite tax 10. Be	XXXX.	SSN/ITIN FEIN XXXXXXX 6. Reason Code	XXXXXXXX 3b. City XXXXXXXXX 7. Beneficiary share of 99,999,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefici	3d. ZIP/Postal 99999-9999 ary share of withholding tax 99,999,9	3e. Mark if outside of the US/ Country Code XX XX	
3	99-999-9999 2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withholding resite tax 10. Be	xxxx.	SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9 share of allocable net	3b. City XXXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of 99, 999, 1 income subject to entity	XXXXXXXXXX f allocable net income 999,999 y-level tax 99,999	3c. State XX 8. Benefici	3d. ZIP/Postal 9 9 9 9 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax	3e. Mark if outside of the US/ Country Code XX XX	
3	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withholding resite tax 10. Be	XXXX. required X	SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9 share of allocable net	3b. City XXXXXXXX 7. Beneficiary share of the share of	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefici	3d. ZIP/Postal 9 9 9 9 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax	3e. Mark if outside of the US/ Country Code XX 2999,999 paid by the entity 2999,999	
3	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withholding resiste tax	XXXX. required X	SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9 share of allocable net 1b. ID Provided SSN/ITIN	3b. City XXXXXXXX 7. Beneficiary share of the share of	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefici	3d. ZIP/Postal 9 9 9 9 9 - 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax 9 9 , 9 9 9 , 9	3e. Mark if outside of the US/ Country Code XX 999,999 paid by the entity 999,999	
3	99-999-9999 2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withholding resiste tax 10. Be	XXXX required X	SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9 share of allocable net 1b. ID Provided SSN/ITIN FEIN	3b. City XXXXXXXX 7. Beneficiary share o 99, 999, income subject to entit 99, 999, 9 3a. Beneficiary Addres XXXXXXXX 3b. City	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefici 11. Benefic XXXXX 3c. State	3d. ZIP/Postal 99999-9999 ary share of withholding tax 99,999,999,999,999,999,999,999,999,99	3e. Mark if outside of the US/ Country Code XX 999,999 paid by the entity 999,999	
	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withholding resiste tax 10. Be	XXXX required X deneficiary s	SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9 share of allocable net 1b. ID Provided SSN/ITIN FEIN XXXXXXXX 6. Reason Code	3b. City XXXXXXXX 7. Beneficiary share o 99, 999, income subject to entit 99, 999, 9 3a. Beneficiary Addres XXXXXXXX 3b. City	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefici 11. Benefic XXXXX 3c. State XX	3d. ZIP/Postal 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3e. Mark if outside of the US/ Country Code XXX 999,999 paid by the entity 999,999	
	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withholding resiste tax 10. Besides, Last) 5. Withholding resisted tax 10. Besides tax 10.	XXXX required X deneficiary s	SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9 share of allocable net 1b. ID Provided SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9	3b. City XXXXXXXX 7. Beneficiary share of 99, 999, 999, 999, 999, 999, 999, 99	XXXXXXXXXX XXXXXXXXX f allocable net income 999,999 y-level tax 99,999 ss (Number Street) XXXXXXXXXX XXXXXXXXXX f allocable net income 999,999	3c. State XX 8. Benefici 11. Benefic XXXXX 3c. State XX 8. Benefici	3d. ZIP/Postal 9 9 9 9 9 - 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax 9 9 , 9 9 9 9 , 9 XXXXXXXXXXXXXXX 3d. ZIP/Postal 9 9 9 9 9 - 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9	3e. Mark if outside of the US/ Country Code XX 999,999 paid by the entity 999,999 XXXXXXXX 3e. Mark if outside of the US/ Country Code XXX XXXXXXX	
	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withholding resiste tax 10. Besite tax 5. Withholding resiste tax 10. Besite t	XXXX required X deneficiary s	SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9 share of allocable net 1b. ID Provided SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9	3b. City XXXXXXXX 7. Beneficiary share o 99,999, tincome subject to entit 99,999,9 3a. Beneficiary Addrex XXXXXXX 3b. City XXXXXXXX 7. Beneficiary share o	XXXXXXXXXX f allocable net income 999,999 y-level tax 99,999 ss (Number Street) XXXXXXXXXX f allocable net income 999,999 y-level tax	3c. State XX 8. Benefici 11. Benefic XXXXX 3c. State XX 8. Benefici	3d. ZIP/Postal 9 9 9 9 9 - 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax 9 9 , 9 9 9 , 9 XXXXXXXXXXXXXX 3d. ZIP/Postal 9 9 9 9 9 - 9 9 9 9 ary share of withholding tax	3e. Mark if outside of the US/ Country Code XX 999,999 paid by the entity 999,999 XXXXXXXX 3e. Mark if outside of the US/ Country Code XX YX YX YX YX YX YX YX YX Y	

If you need more space, print this *Schedule FID-D* directly from the website and attach the additional *FID-D Supplemental* forms as needed after the first page of this form.

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

2023 FID-D Supplemental

Detail of Beneficiary Withholding, Composite and Entity-Level Tax

2023 FID-D SUPPLEMENTAL BARCODE SHOULD READ *238499999* where the last four digits are replaced with your vendor code.

FEIN 99-9999999

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

rou	can e-ille and e-pay ir		,	5 2 2 p a	onto tampayo.	`	,			
	99-999-9999 X2 SSN			1b. ID Provided SSN/ITIN FEIN	3a. Beneficiary Addre	,	XXXXX	XXXXXXXXXX	XXXXXXX	
	2 Beneficiary Name (First, Middl	e, Last)			3b. City		3c. State	3d. ZIP/Postal	3e. Mark if outside of	
1	XXXXXXXXXXX	XXXX	XXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XX	99999-9999	the US/ Country Code	
	4. Residency Status	5. Withh	olding required	6. Reason Code	7. Beneficiary share	of allocable net income	8. Benefic	ary share of withholding tax		
	X		Х	99	99,999,	999,999	99,999,999,999			
	9. Amount of Beneficiary composite tax 10. Beneficiary share of allocable net				t income subject to enti	ty-level tax	11. Beneficiary share of entity-level tax paid by the entity			
	99,999,999,9	99			99,999,9	99,999		99,999,9	999,999	
	1a. Beneficiary SSN/ITIN/FEIN			1b. ID Provided	3a. Beneficiary Addre	ess (Number Street)				
	99-999-9999			X SSN/ITIN ✓ FEIN	1	,	XXXXX	XXXXXXXXXX	XXXXXXX	
	2 Beneficiary Name (First, Middl	e, Last)		X-1 LIIV	3b. City		3c. State	3d. ZIP/Postal	3e. Mark if outside of	
	xxxxxxxxxx	XXXX	XXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XX	99999-9999	the US/ Country Code	
2	15 11 21	- 1450 L			7.5				<u> </u>	
	4. Residency Status	5. Withh	olding required	6. Reason Code		of allocable net income	8. Benefic	ary share of withholding tax		
	X		X	99	9 <mark>9</mark> ,999,			99,999,9		
	9. Amount of Beneficiary composite tax 10. Beneficiary share of allocable net 99, 999, 999, 999				t income subject to enti 99,999,9	,	11. Beneficiary share of entity-level tax paid by the entity $99,999,999,999$			
	33,333,333,3			33,333,333,333						
	1a. Beneficiary SSN/ITIN/FEIN			1b. ID Provided	3a. Beneficiary Addre	ess (Number Street)				
	1a. Beneficiary SSN/ITIN/FEIN 99-9999999999999999999999999999999999			1b. ID Provided SSN/ITIN FEIN	1		XXXXX	XXXXXXXXXX	XXXXXXX	
	,	e, Last)		√ SSN/ITIN	1		XXXXX 3c. State	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3e. Mark if outside of	
3	99-999-9999	,	XXXXXXX	y⊒ SSN/ITIN y⊒ FEIN	XXXXXXX 3b. City		3c. State	<u> </u>		
3	99-999-9999 2 Beneficiary Name (First, Middl	XXXX	XXXXXX	y⊒ SSN/ITIN y⊒ FEIN	XXXXXXX 3b. City XXXXXXXX	XXXXXXXXX	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code	
3	99-999-9999 2 Beneficiary Name (First, Middl)	XXXX		₹2 SSN/ITIN ₹2 FEIN	XXXXXXX 3b. City XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code	
3	99-999-9999 2 Beneficiary Name (First, Middl)	5. Withh	olding required	SSN/ITIN FEIN XXXXXXXX 6. Reason Code	XXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefic	3d. ZIP/Postal 9999999999 ary share of withholding tax	3e. Mark if outside of the US/ Country Code XX XX	
3	99-999-9999 2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withh	olding required	SSN/ITIN FEIN XXXXXXXX 6. Reason Code	XXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of 99,999,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefic	3d. ZIP/Postal 99999-9999 ary share of withholding tax	3e. Mark if outside of the US/ Country Code XX XX	
3	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withh	olding required		XXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of the subject to entire of the subject to ent	XXXXXXXXX XXXXXXXXX of allocable net income 999,999 ty-level tax 99,999	3c. State XX 8. Benefic	3d. ZIP/Postal 9 9 9 9 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax	3e. Mark if outside of the US/ Country Code XX XX	
3	99-999-9999 2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withh	olding required	SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9 share of allocable net 1b. ID Provided → SSN/ITIN	XXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of the	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefic	3d. ZIP/Postal 9 9 9 9 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax	3e. Mark if outside of the US/ Country Code XX 2999,999 paid by the entity 299,999	
3	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withh	olding required	SSN/ITIN FEIN XXXXXXX 6. Reason Code 9 9 share of allocable net	XXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of the	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefic	3d. ZIP/Postal 9 9 9 9 9 - 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax 9 9 , 9 9 9 , 9	3e. Mark if outside of the US/ Country Code XX 999,999 paid by the entity 999,999	
	99-999-9999 2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withh	olding required X 10. Beneficiary	FEIN SSN/ITIN FEIN CXXXXXX 6. Reason Code 9 9 share of allocable net 1b. ID Provided SSN/ITIN FEIN	3b. City XXXXXXX 3b. City XXXXXXX 7. Beneficiary share of the shar	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefic	3d. ZIP/Postal 99999-9999 ary share of withholding tax 99,999,999,999,999,999,999,999,999,99	3e. Mark if outside of the US/ Country Code XX 999,999 paid by the entity 999,999	
3	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withh	olding required X 10. Beneficiary	FEIN SSN/ITIN FEIN CXXXXXX 6. Reason Code 9 9 share of allocable net 1b. ID Provided SSN/ITIN FEIN	XXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of the	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefic 11. Benefi XXXXX 3c. State XX	3d. ZIP/Postal 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3e. Mark if outside of the US/ Country Code XX 3999,999 paid by the entity 399,999	
	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withh	10. Beneficiary	SSN/ITIN FEIN CXXXXXXX 6. Reason Code 9 9 share of allocable net 1b. ID Provided SSN/ITIN FEIN XXXXXXXX	XXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of the subject to ention of the subject to ent	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefic 11. Benefi XXXXX 3c. State XX	3d. ZIP/Postal 9 9 9 9 9 - 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax 9 9 , 9 9 9 9 , 9 XXXXXXXXXXXXXXX 3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code XX 2999,999 paid by the entity 2999,999 XXXXXXXX 3e. Mark if outside of the US/ Country Code XXX	
	2 Beneficiary Name (First, Middl XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Withh	10. Beneficiary X X X X X X X X X X X X X	SSN/ITIN FEIN CANADA FEIN 1b. ID Provided SSN/ITIN FEIN CANADA FEIN	XXXXXXX 3b. City XXXXXXXX 7. Beneficiary share of the subject to ention of the subject to ent	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Benefic 11. Benefi XXXXX 3c. State XX 8. Benefic	3d. ZIP/Postal 9 9 9 9 9 - 9 9 9 9 ary share of withholding tax 9 9 , 9 9 9 , 9 ciary share of entity-level tax 9 9 , 9 9 9 , 9 XXXXXXXXXXXXXXXXXXXXX	3e. Mark if outside of the US/ Country Code XX 999,999 paid by the entity 999,999 XXXXXXXXX 3e. Mark if outside of the US/ Country Code XX y y y y y y y y y y y y y y y y y	

If you need more space, print the *Schedule FID-D* directly from the website and attach the additional *FID-D Supplemental* forms as needed after the first page of this form.

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