2023 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2023

or fis		ending _{F.2}					
	If amending use I	Form 2023 PIT-X.					
				FOR DEPARTMENT USE ONLY			
Get	our refund faster, file online using Taxpayer	Access Point TAP <u>https:</u>	//tap.state.nm.us.				
D	Account of the state of the sta		¬	Age 65 Residency			
	nt your name (first, middle, last)		SOCIAL SECURITY NUI	MBER Blind or over status	Taxpayer's date of birth		
1a			1b	1c 1d 1e	1f		
2a	nt your spouse's name (first, middle, last). If married filing se	eparately, include spouse.			Spouse's date of birth		
24			2b	2c 2d 2e	2f		
3a	If the address is new or changed, mark this box.		 If a deceased taxpayer's relation be made payable to a per- 	son other died before this	Taxpayer's date of death		
Mailing Address (Number and street)			than the taxpayer or spouse named on this return, enter below the name Spouse's date of death				
3b			and social security number of that				
City 3c	State	e Postal/ZIP Code	RPD-41083.				
	preign address, enter country Foreign province and/or s	state	4a		Residency status: For taxpayer and spouse		
3d			Name		(1e and 2e), enter: R if Resident		
	EXEMPTIONS: Taxpayer, spouse, depende	ante and other dependents	_ 4b		N if Non-Resident		
5.	reported on federal Form 1040. If you are a depe		CON		F if First-Year Resident P if Part-Year Resident		
	another taxpayer, enter 00. (See instructions)						
6a	EXTENSION OF TIME TO FILE: If you have extension, mark box 6a and enter the extension date in	e a federal or state n box 6b. 6b		7. FILING STATUS	6. Mark only one box.		
	8. DEPENDENTS AND OTHER DEPEND	ENTS. As listed on yo	ur federal return.	(1) Single			
	(You must report the first 5 dependents and other depend Column 1	lents in this table. Use Schedule Column 2	PIT-S for additional entries.) Column 3	(2) Married filing joir	,		
Fin	st name Last name	Dependent's SSN	Date of birth (MM/DD/CCYY)	(3) Married filing set and social security nu	parately (Enter spouse's name mber in 2a and 2b.)		
				\square (4) Head of household			
					d of household if that person is not		
					dependent on your federal return.)		
				(5) Surviving Spous	e with dependent child		
					1		
9.	FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040	or 1040SR, line 11)				
10.	If you itemized your federal deduction amou federal Form 1040, Schedule A, line 5a. See						
11.	Total Additions to federal adjusted gross inco	ome (PIT-ADJ, line 6). A	ttach PIT-ADJ	+ 11			
12.	Federal standard or itemized deduction amo	ount (from federal Form	1040, line 12)	= 12			
	12a. If you itemized , mark the box			12a	<u>.</u>		
13.	Deduction for certain dependents. See the v	vorksheet in the instruct	ions	- 13			
14.	New Mexico low- and middle-income tax exe	•					
15.	Total Deductions and Exemptions from fede						
16.	Medical care expense deduction. See PIT-1 You must complete both lines 16 and 16a or the deduction			- 16			
	16a. Unreimbursed and uncompensated n	nedical care expenses	16a				
17.	NEW MEXICO TAXABLE INCOME. Add line Cannot be less than zero	es 9, 10 and 11, then su	btract lines 12, 13, 14, 15	^{5 and 16} = 17			
18.	18. New Mexico tax on amount on line 17 or from PIT-B, line 14						
	18a. From Tax Rate Table = R . From PIT-B	, line 14 = B		18a			
19.	Additional amount for tax on lump-sum distri	ibutions. See PIT-1 instr	uctions	+ 19			
20.	Credit for taxes paid to another state. You m part of the year. Include a copy of other states						
21.	Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR						
22.	NET NEW MEXICO INCOME TAX. Add line than zero			= 122			
					<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 April 30, 2024. All others must file by April 15, 2024. See PIT-1 instructions for details.

Continue on the next page.

2023 PIT-1 (page 2) NEW MEXICO PERSONAL INCOME TAX RETURN

YOUR SOCIAL SECURITY NUMBER

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.	2 O. Box 25122, Santa Fe, New Mexico 87504-5122

23.	The amount on line 22 from page 1							
24.	Total claimed on rebate and credit schedule (PIT-RC, line 26). Attach PIT-RC		24					
25.	Working families tax credit. (You must complete lines 25, 25a, and 25b* or the deduction will be denied.)	+	25					
	25a. The amount of federal earned income credit (EIC) reported on your 2023 federal income tax return or calculated under NM Expansion		L					
	25b. *NM Expansion Only: Check this box if you did not qualify for the EIC on your federal return 25b							
26.	Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR.	+	26					
27.	New Mexico income tax withheld. Attach annual statements of income and withholding	+	27					
28.	New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	+	28					
29.	New Mexico income tax withheld from or paid by a pass-through entity. Attach 1099-Misc or RPD-41359	+	29					
30.	2023 estimated income tax payments. See PIT-1 instructions	+	30					
31.			31					
32.	TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31	=	32					
	TAX DUE. If line 22 is greater than line 32, enter the difference here		33					
34.	Penalty on underpayment of estimated tax. See PIT-1 instructions	+	34					
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							
36.	Penalty. See PIT-1 instructions.							
37.		-	37					
38.	TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37	=	38					
	OVERPAYMENT. If line 23 is less than line 32, enter the difference here		39					
40.	Refund voluntary contributions (PIT-D, line 18). Attach PIT-D							
41.	Amount from line 39 you want applied to your 2024 Estimated Tax							
42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41	=	42					
	fund Express!! Have it directly deposited! See instructions and complete all questions in this block.							
	1 Routing Number RE. 2 Account Number RE.3 Account Type: Che	ecking	۶L	Savings	_			
Re. 4	4: Will this refund go to or through an account outside of the United States? Important: If "yes," you can not use this refund method. See instructions.	Yes		No				
HSD.	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							

mission to share information provided on the PIT-1 and PIT-S with HSD and NMHIE. See instructions for additional information.

I declare I have examined this return, including accompanying schedules and state-Paid preparer's use only: ments, and to the best of my knowledge and belief it is true, correct, and complete. Date Your signature Signature of preparer Date Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date P.1 Firm's name (or yours, if self-employed) P.2 NMBTIN Spouse's signature Date P.3 Preparer's PTIN Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date P.4 FEIN P.5 Preparer's phone number (If filing jointly, BOTH must sign even if only one had income.) Mark this box if Form RPD-41338 is on file for this tax-payer. See PIT-1 instructions. P.6 Taxpayer's phone number Taxpayer's email address