## **2016 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN** For the year January 1 - December 31, 2016

or fiscal year beginning <sub>F.1</sub> ending <sub>F.2</sub> ending <sub>F.2</sub>

If amending use Form 2016 PIT-X.



Part		rint your name (first, middle, last)	],	SOCIAL SECURITY NUI	MBER	Bline	Age 6	65 Reside er statu		Taxpayer's date of birth
Solution	1a	rint your enouse's name (first middle last). If married filling senarately include enouse	1b			1c	1d	1e		
as I The address is new or dranged, mark the box    Society   State   Protestic   Protesti		int your spouse a name (mat, mode, last). It married ming separately, mode spouse.	2b			2c	2d	2e	] :	•
The standard of the standard o	20	If the address is new or changed mark this how	4.						ouse	Taxpayer's date of death
Spaces after of death person. Formula size office and person. Formula size of the pers			ıl	than the taxpayer or spous	se nan	ned	return i	s filed, ent	ter	
Residency status: Fortapper and processes   Residency status: Fortapper and paper to set of the paper to	3b		Ш	and social security numb	er of t	hat	uuto oi			·
## Design address, enter country   Foreign previous and/or state   14		ty State Postal/ZIP Code	11		acn Fo	orm			ſ	<u> </u>
R If RESIDENT Norward State Authority (SNA )  SNA STATUS. Mark Soilorn T Nir NON ARSIDENT Nir Non Arside Nir Norward Nir Non Arside Norward Nir Norward	_	foreign address, enter country. Foreign province and/or state	4a							
EXEMPTIONS. Number of Qualified Exemptions.  If you are a dependent of another taxpayer, enter 00.  EXTENSION OF TIME TO FILE.  If you have a federal or state extension, on mark the box and netter the extension date.  If you have a federal or state extension date.  BEPENDENTS. As listed on your federal return.  (You must report he late its dependents in this biss and additional dependents on Schedule PTT-S.)  Column 1  Column 1  Column 2  Column 3  Column 3  Column 1  Column 1  Column 1  Column 1  Column 3  Column 3  Column 3  Column 3  Column 4  (A)  Column 4  Column 4  Column 4  Column 5  Column 5  Column 5  Column 6  Column 7  Column 6  Column 7  Column 7  Column 7  Column 7  Column 7  Column 1  Column 1  Column 1  Column 1  Column 1  Column 1  Column 2  Column 1  Column 3  (A)  Head of household (Enter rance of person quarkful prova as hased of bloadenoid if that piscons in and column		Total province and/or state	Ш							
Tyou are a dependent of another taxpayer, enter 00.	- 1	EXEMPTIONS. Number of Qualified Exemptions	]  4b							<b>F</b> if FIRST-YEAR RES.
If you have a federal or state extension,	5.	If you are a dependent of another taxpayer, enter 00.	_							<b>P</b> if PART-YEAR RES.
mark the box and enter the extension date.  8. DEPENDENTS. As Islated on your federal return. (You must report the first 5 dependents in this table and additional dependents on Schedule PTT.S.)    First name					_					
(2) Married filing jointly (3) Married filing solar spouse's name and social sound additional dependents on Schedule PTI-S.)  First name Last name    Column 3	6a	mark the box and enter the extension date.			.   ,	_			US.	Mark only one box.
Column 1   Column 2   Dependent's SSN   Date of brith (MM/DD/CCY)   G. Column 3   Column 3   Dependent's SSN   Date of brith (MM/DD/CCY)   G. Column 3   G. Column 3   Column 3   Column 3   G. Column 3   Colu		DEPENDENTS. As listed on your federal retur (You must report the first 5 dependents in this table and additional dependents or	<b>n.</b> n Sch	edule PIT-S.)			_		ioint	lv
9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 38; Form 1040A, line 22;	F	Column 1 Column 2		Column 3		_ ` ′		0	,	,
9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 38; Form 1040A, line 22;	-	Ist name Last name Dependent's SSN	Date	e of birtir (MIM/DD/CC++)						
9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 38; Form 1040A, line 22; gram 1040EZ, line 4)  9a. If line 9 is negative, enter any federal net operating loss incurred										
9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 38; Form 1040A, line 22; or Form 1040EZ, line 4) 9a. If line 9 is negative, enter any federal net operating loss incurred						cour				
9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 38; Form 1040A, line 22; or Form 1040EZ, line 4) 9a. If line 9 is negative, enter any federal net operating loss incurred.  9a. If line 9 is negative, enter any federal deduction amount, enter the amount of state and local tax deduction. 10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction. 11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ. 12. Federal standard or itemized deduction amount (from federal Form 1040, line 40; Form 1040A, line 24; or Form 1040EZ, line 5). 12a. If you itemized, mark the box. 12a. If you itemized, mark the box. 12a. If you itemized, mark the box. 12b. If you itemized exemption amount (from federal Form 1040, line 42; Form 1040A, line 26; or if you. 15a. Unreinduction and middle-income tax exemption. See PIT-1 instructions. 15b. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ. 16c. Medical care expense deduction. See PIT-1 instructions. 17a. Unreimbursed and fos or the deduction will be denied. Carne expenses deduction. See PIT-1 instructions. 18a. Unreimbursed and uncompensated medical care expenses. 18b. Insert Standard or items 12c. Attach PIT-CR. 18b. Mexico tax on amount on line 17 or from PIT-B, line 14. 18c. Orreimbursed and uncompensated medical care expenses. 19c. Additional amount for tax on lump-sum distributions. See PIT-1 instructions. 19c. Orreidt 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. 19c. Dreimbursed and compensated applied, from Schedule PIT-CR, line A. Attach PIT-CR. 21. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less	$\vdash$				П	¬` ´.	0		al a /	المانات مسموم مانانا
or Form 1040EZ, line 4)  9a. If line 9 is negative, enter any federal net operating loss incurred						(5)	Qualit	ying wid	aow(	er) with dependent child
9a. If line 9 is negative, enter any federal net operating loss incurred	9.	FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040	, line	e 38; Form 1040A, I	ine 2	2;		. [	9	
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 5. See the worksheet in the instructions.  11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ.  12. Federal standard or itemized deduction amount (from federal Form 1040, line 40; Form 1040A, line 24; or Form 1040EZ, line 5).  12a. If you itemized, mark the box.  12a. Sederal exemption amount (from federal Form 1040, line 42; Form 1040A, line 26; or if you.  13. Federal exemption amount (from federal Form 1040, line 42; Form 1040A, line 26; or if you.  14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions.  15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ.  16. Medical care expense deduction. See PIT-1 instructions.  17. New MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16.  18. Cannot be less than zero.  18. New Mexico tax on amount on line 17 or from PIT-B, line 14  18a. From Rate Table = R. From PIT-B, line 14 = B.  19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.  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.  21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR.  22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less								. 1	4.0	
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Form 1040EZ, line 5)	11.	Total Additions to federal adjusted gross income (PIT-ADJ, line 5). A	Atta	ch PIT-ADJ				+	11	
13. Federal exemption amount (from federal Form 1040, line 42; Form 1040A, line 26; or if you	12.							[	12	
filed Form 1040EZ, leave blank)  14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions								I	40	
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions	13.	•	040	A, line 26; or if you.					13	
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ.  16. Medical care expense deduction. See PIT-1 instructions.  You must complete both lines 16 and 16a or the deduction will be denied.  16a. Unreimbursed and uncompensated medical care expenses.  16a.  17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16.  Cannot be less than zero.  18. New Mexico tax on amount on line 17 or from PIT-B, line 14.  18a. From Rate Table = R. From PIT-B, line 14 = B.  19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.  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.  21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR.  22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less	14	·	ucti	ons				-	14	
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16a. Unreimbursed and uncompensated medical care expenses	16.							[	16	
Cannot be less than zero.  18. New Mexico tax on amount on line 17 or from PIT-B, line 14	1			16a						
18. New Mexico tax on amount on line 17 or from PIT-B, line 14	17.		ıbtra	act lines 12, 13, 14, 1	l5 an	d 16	<del></del>	_ =	17	
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22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less	_0.	·		•				 I		
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	22.	,						= [	22	

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is May 1, 2016. All others must file by April 18, 2016. See PIT-1 instructions for details.

Continue on the next page.

## **2016 PIT-1** (page 2) NEW MEXICO PERSONAL INCOME TAX RETURN



YOU	R SC	CIAL	SEC	URIT	Y NUI	MBER

**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:

THIS	BOX IS	SINTEN	ITIONAL I Y	/ I FFT RI	ΔNI

New Mexico Taxa P. O. Box 25122	tion and Revenue Department									
	exico 87504-5122	L								
	on line 22 from page 1					23				
	d on rebate and credit schedule (PIT-RC	,				24				
25. Working fam	lies tax credit. (You must complete both	lines 25 and	25a or the de	duction will be denied.)	+	25				
	25a. The amount of federal earned income credit (EIC) reported on your 2016 federal income tax return									
26. Refundable	ousiness-related income tax credits from	n Schedule P	PIT-CR, line B	. Attach PIT-CR	+	26				
27. New Mexico	income tax withheld. Attach annual st	atements of	income and	withholding	+	27				
	income tax withheld from oil and gas pr					28				
	income tax withheld from a pass-through	-				29				
	ted income tax payments. See PIT-1 ins					30				
•	ents				+	31				
	MENTS AND CREDITS. Add lines 24 th				=	32				
33. TAX DUE.	line 23 is <b>greater than</b> line 32, enter th	e difference l	here			33				
34 Penalty on u	nderpayment of estimated tax. If you wa	int nenalty co	omputed for v	rou leave blank	_	34				
					т	34				
	nod allowed for calculation of underpayr nt of estimated tax and you qualify, ente			- , , ,		35.				
36. Penalty. See	PIT-1 instructions. If you want penalty	computed for	you, leave bl	ank	+	36				
					_	37				
	PIT-1 instructions. If you want interest		-		=	38				
38. TAX, PENA	TY, AND INTEREST DUE. Add lines 3	3, 34, 36, and	d 37		_	30				
39 OVERPAYN	ENT. If line 23 is less than line 32, ente	r the differen	nce here			39				
	ntary contributions (PIT-D, line 16). Atta				_	40				
Trefund void	italy contributions (i ii b, iiic io). Atta	OII 1 11 D								
41. Amount fron	line 39 you want applied to your 2017	Estimated 1	Тах		-	41				
		l' 40	1.44		_	42				
	D BE REFUNDED TO YOU. Line 39 mir			DEGUIDED	=	42				
!! REFUND E	XPRESS !! HAVE IT DIRECTLY DEPOSITE QUESTIONS IN THIS BLOCK.		Cho	WILL THIS REFUN	ND G	O TO OR THROUGH AN ACCOUNT				
RE.1 Routing nur	nber:	RE.3 T	ype: Checking	Mark X by LOCATED OUTSIE		HE UNITED STATES? If yes, you may yoption. See instructions.				
RE.2 Account nui			Savings	your choice. RE.4 YES		NO NO				
			ů L		_					
I declare I have e ments, and to the	xamined this return, including accompar best of my knowledge and belief it is tru	ying schedul e, correct, an	les and state- id complete.	Paid preparer's use only:						
Your signature		Date		Signature of preparer		Date				
REOLIBED: DRIVER	S LICENSE, STATE ID No. or "NONE" .Stat	e Expiration Da	ate							
REGOINED. DINIVER	SEIGENSE, STATE ID NO. 01 NONE	E LAPITATION DE	ate	P.1 Firm's name (or yours, if self-	omr	Jayad)				
Spouse's signature	'	Date		` ' '		, ,				
opouse s signature		Date		P.2 NM CRS identification number	_					
REQUIRED: SPOUSE	S DRIVER'S LICENSE, STATE ID No. or "NONE" Stat	e Expiration Da	ate	P.3 Preparer's PTIN						
				P.4 FEIN	_					
(If filing jointly, B	OTH must sign even if only one had inco	P.5 Preparer's phone number _								
Taxpayer's phon	e number	Mark this box if Form R for this taxpayer. See P								
Taxpayer's emai	address			ioi tilis taxpayer. See F	1121	mod dollons.				
				L						