## **2019 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN** For the year January 1 - December 31, 2019

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

If amending use Form 2019 PIT-X.



Pr	nt your name (first, middle, last)		SOCIAL SECURITY NUME	BER BI		Age 65 or over	Reside		Taxpayer's date of birth
1a		1b		1c	10	d	1e	Π.	1f
Pr	nt your spouse's name (first, middle, last). If married filing separately, includ	e spouse.			_	_		_	Spouse's date of birth
2a		2b		2c	20	d	2e	] :	2f
_	The state of the s	4	If a deceased taxpayer's refur	nd must	If	taxpay	er or spo	ouse	Taxpayer's date of death
3a Ma	If the address is new or changed, mark this box.  illing Address (Number and street)	l¨	be made payable to a perso than the taxpayer or spouse		re	eturn is	ore this filed, ent	ter	4c
3b	,		on this return, enter <b>below</b> the and social security number	ename	da	ate of c	leath.		Spouse's date of death
Cit	y State Postal/ZIF	<sup>2</sup> Code	person. You must also attack RPD-41083.					4	4d
3с		4a	RPD-41003.					ſ	Residency status:
If 1	oreign address, enter country Foreign province and/or state		Name					-	For taxpayer and spouse (1e and 2e), enter:
3d		4b							R if RESIDENT
5.	<b>EXEMPTIONS:</b> Taxpayer, spouse, dependents, and other de		SSN						N if NON-RESIDENT F if FIRST-YEAR RES.
	reported on federal Form 1040. If you are a dependent or other de another taxpayer, enter 00. (See instructions)	ependent or —							<b>P</b> if PART-YEAR RES.
	EXTENSION OF TIME TO FILE.  If you have a federal or state extension,								
6a	mark the box and enter the extension date.						STAT	US.	Mark only one box.
	8. <b>DEPENDENTS AND OTHER DEPENDENTS. As I</b> (You must report the first 5 dependents and other dependents in this table)			I I '	,	ingle	d filing	ioint	lv
<u> </u>	Column 1 Colur	mn 2	Column 3	, III	,		-	-	arately (Enter spouse's name
FI	st name Last name Dependen	t's SSN Date	e of birth (MM/DD/CCYY)	an an	nd soc	ial sec	urity num	nber in	2a and 2b.)
									d (Enter name of person
									sehold if that person is not dent on your federal return.)
				(4a	a)				
				(5	5) Q	ualify	ing wid	)wob	er) with dependent child
•	FEDERAL AD HISTER CROSS INCOME /from fodor	al Farm 1010 ar	10.10CD line (h)				ı	. 1	
9.	FEDERAL ADJUSTED GROSS INCOME. (from federal	ai F01111 1040 01	10403K, IIIIe 6b)				ٔ ا	9	
10.	If you itemized your federal deduction amount, enter the						. 1	40	
	federal Form 1040, Schedule A, line 5a. See the works	heet in the instru	ctions				+	10	
11.	Total Additions to federal adjusted gross income (PIT-A	ADJ, line 5). <b>Atta</b>	ch PIT-ADJ				+	11	
							· .		
12.	Federal standard or itemized deduction amount (from fe	ederal Form 104	0, line 9)				- [	12	
	12a. If you <b>itemized</b> , mark the box			1	2a	╛			
13.	Deduction for certain dependents. See the worksheet in						-	13	
14	New Mexico low- and middle-income tax exemption. Se	oo PIT-1 instructi	one				Ī		
17.	Thew inicated low- and middle-income tax exemption. Of	se i ii-i manden	0113				-	14	
15.	Total Deductions and Exemptions from federal income	(PIT-ADJ, line 22	2). Attach PIT-ADJ				_ [	15	
16	Medical care expense deduction. See PIT-1 instructions	9					_	10	
10.	·						- [	16	
	You must complete both lines 16 and 16a or the deduction will be denied					7			
	16a. Unreimbursed and uncompensated medical care e					_	ſ		
17.	<b>NEW MEXICO TAXABLE INCOME.</b> Add lines 9, 10 and Cannot be less than zero.	id 11, then subtra	act lines 12, 13, 14, 15	and 16	j		=	17	
18.	New Mexico tax on amount on line 17 or from PIT-B, lin	ie 14					ı		
	18a. From Rate Table = <b>R</b> . From PIT-B, line 14 = <b>B</b>								
	Additional amount for tax on lump-sum distributions. Se				L		+ [	19	
20.	Credit for taxes paid to another state. You must have be	een a New Mexic	o resident during all o	r			٠ ١	.0	
part of the year. Include a copy of other state's return. See PIT-1 instructions							20		
21.	Business-related income tax credits applied, from Sche						-	21	
22.	NET NEW MEXICO INCOME TAX. Add lines 18 and 19 than zero	,							
	11G11 2010						=	22	

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, 2020. All others must file by April 15, 2020. See PIT-1 instructions for details.

Continue on the next page.

## **2019 PIT-1** (page 2) NEW MEXICO PERSONAL INCOME TAX RETURN



VALID	SUCIVI	SECURITY	MILMEED
IOUR	SUCIAL	SECURIT	MOMBER

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

23.	The amount on line 22 from page 1				23	
24.	Total claimed on rebate and credit schedule (PIT-RC,		24			
	Working families tax credit. (You must complete both li	,			25	
2	5a. The amount of federal earned income credit (EIC) reported on your 2019 federal income tax return	25a				
26.	Refundable business-related income tax credits from		B. Attach PIT-CR	+	26	
27.	New Mexico income tax withheld. Attach annual sta	·			27	
	New Mexico income tax withheld from oil and gas pro		•		28	
29.				29		
30.	·	_	30			
31.					31	
	TOTAL PAYMENTS AND CREDITS. Add lines 24 thi				32	
					33	
<b>33</b> .	TAX DUE. If line 23 is greater than line 32, enter the	e difference nere			33	
34.	Penalty on underpayment of estimated tax. If you wan	nt penalty computed for	you, leave blank	. +	34	
35.	Special method allowed for calculation of underpaym underpayment of estimated tax and you qualify, enter				35.	
36.	Penalty. See PIT-1 instructions. If you want penalty co	omputed for you, leave	blank	. +	36	
37.	Interest. See PIT-1 instructions. If you want interest c	omputed for you, leave	blank	. +	37	
38.	TAX, PENALTY, AND INTEREST DUE. Add lines 33	3, 34, 36, and 37		=	38	
39.	<b>OVERPAYMENT.</b> If line 23 is less than line 32, enter	the difference here			39	
40.	Refund voluntary contributions (PIT-D, line 17). Attac	ch PIT-D			40	
41.	Amount from line 39 you want applied to your 2020	Estimated Tax			41	
42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 min	us lines 40 and 41			42	
	I! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.  RE.3 Type:    Mark x by   Mark x by   Mark x by   Choose one.   Choose one.					
	Routing number:	Checking _	your choice. use this refund de	livery o	ption. See instructions.	
RE.	Account number:	Savings	RE.4 YES	Ш	NO L	
l de	clare I have examined this return, including accompany	ying schedules and state	<sub>e-</sub> Paid preparer's use only:			
mer	ts, and to the best of my knowledge and belief it is true	e, correct, and complete.				
Your	signature	Date	Signature of preparer		Date	
	The second of th	5 5 .	41			
Drive	r's License, State ID No. or enter "NONE" or "DECLINED"  State	Expiration Date				
			P.1 Firm's name (or yours, if se			
			P.2 NM CRS identification num			
			P.3 Preparer's PTIN			
Spou	se's Driver's License, State ID No. or enter "NONE" or "DECLINED" State	Expiration Date	P.4 FEIN			
/15 /	line a lainthe DOTH more thairs are a life and a laint		P.5 Preparer's phone number			
,	ling jointly, BOTH must sign even if only one had inco	Mark this box if Form				
Tax	payer's phone number	P.6 I for this taxpayer. See				
Tax	payer's email address					