

2023 FID-1 NEW MEXICO
FIDUCIARY INCOME TAX RETURN

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

Vendor Product Version
9999 99 9

Disaster Relief
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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.

Form header section with fields: Name of estate or trust, Name and title of fiduciary, Address of fiduciary, City, State, Postal/ZIP code, Federal Employer Identification Number of estate or trust (Required).

Form section B-K1: B. Date trust or estate created, C. If this is a final fiduciary return, D. Has an adjustment to your federal taxable income, E. If you owe penalty on underpayment of estimated tax, F1-F4, CHECK APPLICABLE BOXES, ORIGINAL DUE DATE OF REQUIRED FEDERAL RETURN, EXTENSION OF TIME TO FILE, J1, K1.

Table with 6 columns: Line number, Description, Amount, Sign, Total. Rows 1-12 showing Federal taxable income, additions, deductions, New Mexico taxable income, tax, and net New Mexico income tax.

Calculation of withholding tax and composite income tax (Complete this section if filing withholding tax and/or composite tax for beneficiaries. Leave this section blank if filing only fiduciary income tax, or fiduciary income tax and entity level tax.)

Table with 6 columns: Line number, Description, Amount, Sign, Total. Rows 13-21 showing total allocable net income, distributions to beneficiaries, withholding tax rate, amount of withholding tax, total withholding tax, and composite income tax.

Calculation of entity-level tax (Complete this section only if electing to file entity-level tax. If not electing to file and pay entity-level tax, leave this section blank.)

Table with 6 columns: Line number, Description, Amount, Sign, Total. Rows 22-23 showing total allocable net income and adjustments to allocable net income.

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

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

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

Table with 2 columns: Description (24-27) and Amount. Line 24: Subtract line 23 from line 22. Distributions subject to entity-level tax. Line 25: Entity-level tax rate (5.9%). Line 26: Multiply line 24 by line 25. This is the total amount of entity-level tax. Line 27: Total New Mexico Tax. Add lines 12, 18, 21, and 26.

PAYMENTS AND WITHHOLDING

Table with 2 columns: Description (28-40) and Amount. Line 28: Total Payments. Line 29: New Mexico income tax withheld not included on lines 30 and 31. Line 30: New Mexico income tax withheld from oil and gas proceeds. Line 31: New Mexico income tax withheld from a pass-through entity. Line 32: Amount from lines 30 and 31 passed to beneficiaries. Line 33: Total payments and tax withheld. Line 34: Tax Due. Line 35: Penalty. Line 36: Interest. Line 37: Total amount due. Line 38: Overpayment. Line 39: Total portion of tax credits to be refunded. Line 40: Total refund of overpaid tax and refundable credit due to you.

ADJUSTMENTS TO FEDERAL INCOME FOR FIDUCIARY

ADDITIONS TO FEDERAL INCOME

Table with 2 columns: Description (1-4) and Amount. Line 1: Federal net operating loss carryover. Line 2: Non-New Mexico municipal bond interest. Line 3: Amount of tax paid by a pass-through entity on allocable net income. Line 4: Total additions.

DEDUCTIONS FROM FEDERAL INCOME

Table with 2 columns: Description (5-10) and Amount. Line 5: New Mexico net operating loss. Line 6: Interest from U.S. government obligations. Line 7: Net capital gains deduction. Line 8: Deduction for income set aside for future distribution. Line 9: Deduction for certain expenses related to a New Mexico licensed cannabis business. Line 10: Total deductions.

!! REFUND EXPRESS !! HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3, AND 4.
RE1 1. Routing number:
RE2 2. Account number:
RE3 3. Type: Checking Savings
RE4 YES NO You must answer this question.

I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or an employee of the taxpayer) is based on all information of which preparer has any knowledge.
Taxpayer's signature
Signature of fiduciary or officer representing fiduciary Date
Title Contact phone number
Taxpayer's email address

Paid preparer's use only:
Signature of preparer if other than employee of the taxpayer Date
P1 Print preparer's name
P2 FEIN
P3 NMBTIN
P4 Preparer's PTIN
P5 Preparer's phone number

2023 FID-B Schedule 1
COMPUTATION OF NEW MEXICO PERCENTAGE

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

Version code 9

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

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 INFORMATION AND POLICY OFFICE

	Column 1 Gross	Column 2 Less related expenses/ distributions	Column 3 Net	Column 4 Allocation to New Mexico
1. Dividends.....	1 999,999,999	999,999,999	999,999,999	999,999,999
2. Interest, including non-New Mexico municipal bond interest.....	2 999,999,999	999,999,999	999,999,999	999,999,999
3. 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
5. Profit or loss from the sale or exchange of assets.....	5 999,999,999	999,999,999	999,999,999	999,999,999
6. Net business and farm income. Complete Form FID-B Schedule 2. See instructions.....	6		999,999,999	999,999,999
7. Other income. Attach schedule	7 999,999,999	999,999,999	999,999,999	999,999,999
8. Total of lines 1 through 7.....	8 999,999,999	999,999,999	999,999,999	999,999,999

DRAFT FORM
DO NOT FILL

8a. Calculate allocation percentage for deductions. Divide line 8, column 4 by line 8, column 3..... 8a 999.9999%

For lines 9, 10, and 11, multiply the amount in Column 3 by the percentage in line 8a to get the allocation to New Mexico in Column 4.

TAX INFORMATION AND POLICY OFFICE

9. Deduction for exemption	9 999,999,999	999,999,999	
10. Deduction for distributions not shown 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 distributions. Attach federal Form 4972.....	+ 14 999,999,999	999,999,999	
15. Total income. Add lines 13 and 14.....	= 15 999,999,999	999,999,999	
16. New Mexico percentage of income. Divide line 15, column 4 by line 15, column 3. Calculate to four decimal places; for example, 22.6246%. Enter here and on FID-1, page 1, line 6.....	16 999.9999%		

2023 FID-B Schedule 2
BUSINESS INCOME APPORTIONMENT FORMULA

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

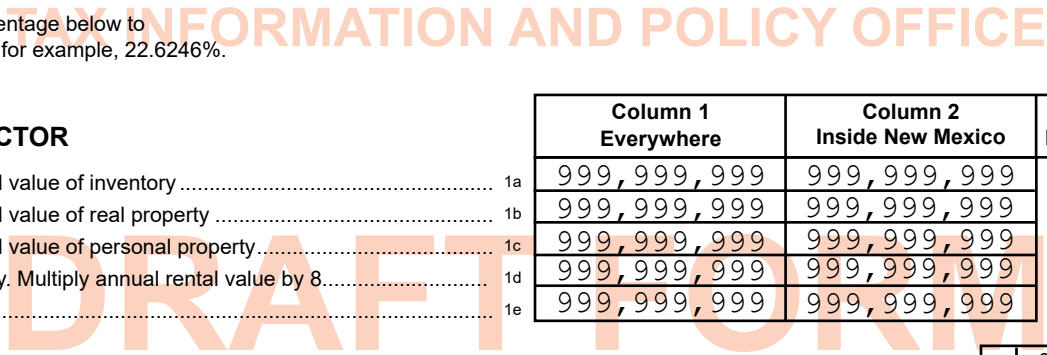
Version code 9

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

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.

Calculate each percentage below to four decimal places; for example, 22.6246%.



PROPERTY FACTOR

	Column 1 Everywhere	Column 2 Inside New Mexico	Percent Inside New Mexico
Average annual value of inventory 1a	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 1c	999,999,999	999,999,999	
Rented property. Multiply annual rental value by 8 1d	999,999,999	999,999,999	
Total property 1e	999,999,999	999,999,999	

1. **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 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

Gross receipts 3a 999,999,999 999,999,999

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 = 4 999.9999 %

Count of factors 4a 9

5. **Average New Mexico Percentage.** Divide line 4 by the number of factors entered in line 4a 5 999.9999 %

Have you changed your reporting of any class or type of allocated or apportioned income from the way it was reported in a prior taxable year? Yes No

This entity submitted written notification of its election to use one of the special methods of apportionment of business income for tax year ending MM/DD/CCYY. The effective date of the election is MM/DD/CCYY. See instructions.
Month/Day/Year Month/Day/Year

Mark the box indicating the special method elected. Manufacturers Headquarters Operation

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
 99-9999999

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>.

1	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXX		3c. State XX	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X		5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		8. Beneficiary share of withholding tax 99,999,999,999	
	9. Amount of Beneficiary composite tax 99,999,999,999		10. Beneficiary share of allocable net income subject to entity-level tax 99,999,999,999			11. Beneficiary share of entity-level tax paid by the entity 99,999,999,999		

2	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXX		3c. State XX	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X		5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		8. Beneficiary share of withholding tax 99,999,999,999	
	9. Amount of Beneficiary composite tax 99,999,999,999		10. Beneficiary share of allocable net income subject to entity-level tax 99,999,999,999			11. Beneficiary share of entity-level tax paid by the entity 99,999,999,999		

3	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXX		3c. State XX	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X		5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		8. Beneficiary share of withholding tax 99,999,999,999	
	9. Amount of Beneficiary composite tax 99,999,999,999		10. Beneficiary share of allocable net income subject to entity-level tax 99,999,999,999			11. Beneficiary share of entity-level tax paid by the entity 99,999,999,999		

4	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXX		3c. State XX	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X		5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		8. Beneficiary share of withholding tax 99,999,999,999	
	9. Amount of Beneficiary composite tax 99,999,999,999		10. Beneficiary share of allocable net income subject to entity-level tax 99,999,999,999			11. Beneficiary share of entity-level tax paid by the entity 99,999,999,999		

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

FEIN
99-9999999

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

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>.

1	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXX		3c. State XX	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X	5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		8. Beneficiary share of withholding tax 99,999,999,999		
	9. Amount of Beneficiary composite tax 99,999,999,999		10. Beneficiary share of allocable net income subject to entity-level tax 99,999,999,999			11. Beneficiary share of entity-level tax paid by the entity 99,999,999,999		

2	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXX		3c. State XX	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X	5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		8. Beneficiary share of withholding tax 99,999,999,999		
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3	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXX		3c. State XX	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X	5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		8. Beneficiary share of withholding tax 99,999,999,999		
	9. Amount of Beneficiary composite tax 99,999,999,999		10. Beneficiary share of allocable net income subject to entity-level tax 99,999,999,999			11. Beneficiary share of entity-level tax paid by the entity 99,999,999,999		

4	1a. Beneficiary SSN/ITIN/FEIN 99-999-9999		1b. ID Provided <input checked="" type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> FEIN		3a. Beneficiary Address (Number Street) XX			
	2 Beneficiary Name (First, Middle, Last) XX			3b. City XXXXXXXXXXXXXXXXXXXXXXXXXXXX		3c. State XX	3d. ZIP/Postal 99999-9999	3e. Mark if outside of the US/ Country Code <input checked="" type="checkbox"/> XX
	4. Residency Status X	5. Withholding required X	6. Reason Code 99	7. Beneficiary share of allocable net income 99,999,999,999		8. Beneficiary share of withholding tax 99,999,999,999		
	9. Amount of Beneficiary composite tax 99,999,999,999		10. Beneficiary share of allocable net income subject to entity-level tax 99,999,999,999			11. Beneficiary share of entity-level tax paid by the entity 99,999,999,999		

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