

2023 PIT-1
NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2023
 or fiscal year beginning MM/DD/CCYY ending MM/DD/CCYY
 If amending use Form 2023 PIT-X.

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 BARCODE SHOULD READ *230189999* where the
 last four digits are replaced with your vendor code.

FOR DEPARTMENT USE ONLY

Get your refund faster, file online using Taxpayer Access Point TAP <https://tap.state.nm.us>.

Vendor Product Version
 9999 99 9
 Disaster Relief
 XXXXXXXXXXXXXXXXXXXXXXXXXX

Print your name (first, middle, last)
 XX
 Print your spouse's name (first, middle, last). If married filing separately, include spouse.
 XX

SOCIAL SECURITY NUMBER Blind Age 65 or over Residency status Taxpayer's date of birth
 1a 999-99-9999 1c 1d 1e 1f MM/DD/CCYY
 2a 999-99-9999 2c 2d 2e 2f MM/DD/CCYY

3a If the address is new or changed, mark this box.
 Mailing Address (Number and street)
 XX
 City State Postal/ZIP Code
 XXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXX
 If foreign address, enter country Foreign province and/or state
 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 99 EXEMPTIONS: Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)

4. If deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter below the name and social security number of that person. You must also attach Form RPD-41083.
 4a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Name
 4b 999-99-9999
 SSN
 Taxpayer's date of death
 4c MM/DD/CCYY
 Spouse's date of death
 4d MM/DD/CCYY
 Residency status:
 For taxpayer and spouse (1e and 2e), enter:
 R if Resident
 N if Non-Resident
 F if First-Year Resident
 P if Part-Year Resident

6a EXTENSION OF TIME TO FILE: If you have a federal or state extension, mark box 6a and enter the extension date in box 6b. 6b MM/DD/CCYY

8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return.
 (You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY

7. FILING STATUS. Mark only one box.
 (1) Single
 (2) Married filing jointly
 (3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)
 (4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified dependent on your federal return.)
 (4a) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 (5) Surviving Spouse with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11).....	9	999,999,999
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 5a. See the worksheet in the instructions.....	+	10 999,999,999
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 6). Attach PIT-ADJ.....	+	11 999,999,999
12. Federal standard or itemized deduction amount (from federal Form 1040, line 12).....	-	12 999,999,999
12a. If you itemized, mark the box.....	12a	<input checked="" type="checkbox"/>
13. Deduction for certain dependents. See the worksheet in the instructions.....	-	13 999,999,999
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions.....	-	14 999,999,999
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 27). Attach PIT-ADJ.....	-	15 999,999,999
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.....	-	16 999,999,999 16a 999,999,999
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	=	17 999,999,999
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.....		18 999,999,999 18a <input checked="" type="checkbox"/>
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.....	+	19 999,999,999
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.....	-	20 999,999,999
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR.....	-	21 999,999,999
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero.....	=	22 999,999,999

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.

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NEW MEXICO PERSONAL INCOME TAX RETURN

Version Code 9

YOUR SOCIAL SECURITY NUMBER

999-99-9999

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

Table with 2 columns: Line number and Amount. Lines 23-42 showing tax calculations and payments.

Refund Express!! Have it directly deposited! See instructions and complete all questions in this block.

RE. 1 Routing Number 999999999 RE. 2 Account Number 999999999999999999 RE.3 Account Type: Checking [X] Savings [X]

Re. 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 [X] No [X]

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 Department (HSD) or Health Insurance Exchange (NMHIE). Important: Checking this box gives the Taxation and Revenue Department permission 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 statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature and date fields for taxpayer and spouse, including driver's license information.

(If filing jointly, BOTH must sign even if only one had income.) Taxpayer's phone number (999) 999-9999 Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXXX

Paid preparer's use only:

Signature and date fields for preparer, and fields for firm name, NMBTIN, PTIN, FEIN, and phone number.

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BARCODE SHOULD READ *23019999* where the last four digits are replaced with your vendor code.