Final 1.1 11/09/2023

2023 PIT-X

NEW MEXICO PERSONAL INCOME TAX

AMENDED RETURN For the year January 1 - December 31, 2023

or fiscal year beginning F.1 MM/DD/CCYY ending F.2 MM/DD/CCYY

2023 PIT-X, PAGE 1
BARCODE SHOULD READ *230169999* 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: XXXXXXXXXXXXXXXXXXXX

1a Print your name (first, middle, last): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

2a Print your spouse's name (first, middle, last). If married filing separately, include spouse.: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2b 999-99-9999 | 2c Blind: X | 2d Age 65 or over: X | 2e Residency status: X | 2f Spouse's date of birth: MM/DD/CCYY

3a [X] If the address is new or changed, mark this box.

3b Mailing Address (Number and street): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3c City: XXXXXXXXXXXXXXXXXXXXXX | State: XX | Postal/ZIP Code: XXXXXXXXX

3d If foreign address, enter country: XXXXXXXXXXXXXX | Foreign province and/or state: XXXXXXXXXXXXXXXXXXXXXX

4. If a 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.

If taxpayer or spouse died before this return is filed, enter date of death.

4c Taxpayer's date of death: MM/DD/CCYY

4d Spouse's date of death: MM/DD/CCYY

4a Name: XXXXXXXXXXXXXXXXXXXXX

4b SSN: 999-99-9999

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

5. 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)

6a [X] **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.)

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

7. FILING STATUS. Mark only one box.

[X] (1) Single
[X] (2) Married filing jointly
[X] (3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)
[X] (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) XXXXXXXXXXXXXXXXXXXXX
[X] (5) Surviving Spouse with dependent child

		AS PREVIOUSLY FILED	AS AMENDED
9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11)	9	999,999,999	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 instructions +	10	999,999,999	999,999,999
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 6). **Attach PIT-ADJ** +	11	999,999,999	999,999,999
12. Federal standard or itemized deduction amount (from federal Form 1040, line 12) -	12	999,999,999	999,999,999
12a. If you **itemized**, mark the box. 12a [X]			
13. Deduction for certain dependents. See the worksheet in the PIT-1 instructions -	13	999,999,999	999,999,999
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions -	14	999,999,999	999,999,999
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 27). **Attach PIT-ADJ** -	15	999,999,999	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.	16	999,999,999	999,999,999
16a. Unreimbursed and uncompensated medical care expenses 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	999,999,999
18. New Mexico tax on amount on line 17 or from PIT-B, line 14	18	999,999,999	999,999,999
18a. From Tax Rate Table = **R**. From PIT-B, line 14 = **B** 18a [X]			
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions +	19	999,999,999	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	999,999,999
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. **Attach PIT-CR** -	21	999,999,999	999,999,999
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. =	22	999,999,999	999,999,999

You may file an amended return online through Taxpayer Access Point (TAP) at https://tap.state.nm.us.

Continue on the next page.

TAX INFORMATION AND POLICY OFFICE
DRAFT FORM
DO NOT FILE
TAX INFORMATION AND POLICY OFFICE

Final 1.1 11/09/2023

2023 PIT-X (page 2)

NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN

Version Code 9

2023 PIT-X, PAGE 2
BARCODE SHOULD READ *230179999* where the last four digits are replaced with your vendor code.

YOUR SOCIAL SECURITY NUMBER 999-99-9999

Reason for amending: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Final Determination Date: MM/DD/CCYY

			AS PREVIOUSLY FILED	AS AMENDED
23.	The amount on line 22 from page 1		23 999,999,999	999,999,999
24.	Total claimed on rebate and credit schedule (PIT-RC, line 26). **Attach PIT-RC**		24 999,999,999	999,999,999
25.	Working families tax credit. (Lines 25, 25a, and 25b* or the deduction will be denied.)	+	25 999,999,999	999,999,999
25a.	The amount of federal earned income credit (EIC) reported on your 2023 federal income tax return or calculated under NM Expansion		25a 999,999,999	
25b.	*NM Expansion Only: Check this box if you **did not** qualify for the EIC on your federal return		25b X	
26.	Refundable business-related income tax credits from Schedule PIT-CR, line B. **Attach PIT-CR**	+	26 999,999,999	999,999,999
27.	New Mexico income tax withheld. **Attach annual statements of income and withholding**	+	27 999,999,999	999,999,999
28.	New Mexico income tax withheld from oil and gas proceeds. **Attach 1099-Misc or RPD-41285**	+	28 999,999,999	999,999,999
29.	New Mexico income tax withheld from or paid by a pass-through entity. **Attach 1099-Misc or RPD-41359**	+	29 999,999,999 999,999,999	999,999,999 999,999,999
30.	2023 estimated income tax payments. See PIT-1 instructions	+	30 999,999,999	999,999,999
31.	Other Payments less any refunds from this schedule, line S3, below	+	31 999,999,999	999,999,999
32.	**TOTAL PAYMENTS AND CREDITS.** Add lines 24 through 31	=	32 999,999,999	999,999,999
33.	**TAX DUE.** If line 22 is **greater than** line 32, enter the difference here		33 999,999,999	999,999,999
34.	Penalty on underpayment of estimated tax. See PIT-1 instructions	+	34	
35.	Special method allowed for calculation of underpayment of estimated tax penalty. Enter 1, 2, 3, 4, or 5 in the box. (See Instructions) Attach **RPD-41272**		35 9	
36.	Penalty. See PIT-1 instructions.	+	36 999,999,999	999,999,999
37.	Interest. See PIT-1 instructions.	+	37 999,999,999	999,999,999
38.	**TAX, PENALTY, AND INTEREST DUE.** Add lines 33, 34, 36, and 37	=	38 999,999,999	999,999,999
39.	**OVERPAYMENT.** If line 22 is **less than** line 32, enter the difference here		39 999,999,999	999,999,999
40.	Refund voluntary contributions (PIT-D, line 18). Attach **PIT-D**	-	40 999,999,999	999,999,999
41.	Amount from line 39 you want **applied to your 2024 Estimated Tax**	-	41 999,999,999	999,999,999
42.	**AMOUNT TO BE REFUNDED TO YOU.** Line 39 minus lines 40 and 41	=	42 999,999,999	999,999,999

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

RE. 1 Routing Number 999999999 RE. 2 Account Number 99999999999999999 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

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.

Your signature		Date MM/DD/CCYY
Driver's License, State ID No. or enter "NONE" or "DECLINED" XXXXXXXXXXXXXXXXXXXXXXXXX	State XX	Expiration Date MM/DD/CCYY
Spouse's signature		Date MM/DD/CCYY
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" XXXXXXXXXXXXXXXXXXXXXXXXX	State XX	Expiration Date MM/DD/CCYY

(If filing jointly, BOTH must sign even if only one had income.)

Taxpayer's phone number (999)999-9999

Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXX

Paid preparer's use only:

Signature of preparer XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Date

P.1 Firm's name (or yours, if self-employed)

P.2 NMBTIN 99-999999-009

P.3 Preparer's PTIN X99999999

P.4 FEIN 99-9999999

P.5 Preparer's phone number 999-999-9999

P.6 X Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.

Complete this schedule and report the result on line 31, Other payments less any refunds from schedule below.

S1. 2023 Other payments. List any tax year 2023 payments made before or separate from the submission of this amended return. Also, enter the date of the payment. Do not include any estimated payments reported on line 30 of this form. If you made more than four payments, attach a schedule showing payment dates and amounts.

S2. 2023 Refunds received. List any refunds received from a previously filed 2023 New Mexico PIT-1. Do not include any interest the New Mexico Taxation and Revenue Department paid, if any, on your refund.

Date	Amount
MM/DD/CCYY	999,999,999
MM/DD/CCYY	999,999,999
MM/DD/CCYY	999,999,999
MM/DD/CCYY	999,999,999
S1a Sum of payments	999,999,999
MM/DD/CCYY	999,999,999
MM/DD/CCYY	999,999,999
S2a Sum of refunds	999,999,999

S3. Subtract line S2a from line S1a. Subtract the sum of refunds reported on line S2a from the sum of payments reported on line S1a. Enter here and on line 31 of this form. May be a negative number. **S3** 999,999,999

DRAFT FORM
DO NOT FILE
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