

2024 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2024 or fiscal year beginning F1 MM/DD/CCYY ending F2 MM/DD/CCYY

If amending use Form 2024 PIT-X.

2024 PIT-1, PAGE 1 BARCODE SHOULD READ \*240189999\* where the last four digits are replaced with your vendor code.

FOR DEPARTMENT USE ONLY

Vendor Product Version 9999 99 9

Disaster Relief XXXXXXXXXXXXXXXXXXXXXXXXXXXX

1a Print your name (first, middle, last) 1b Print your spouse's name (first, middle, last). If married filing separately, include spouse.

SOCIAL SECURITY NUMBER Blind or over Residency status Taxpayer's date of birth Spouse's date of birth

3a If the address is new or changed, mark this box. 3b Mailing Address (Number and street) 3c City State Postal/ZIP Code 3d If foreign address, enter country Foreign province and/or state

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. 4a Claimant's Name 4b Claimant's SSN 4c Taxpayer's date of death 4d Spouse's date of death

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.)

7. FILING STATUS. Mark only one box. (1) Single (2) Married filing jointly (3) Married filing separately (4) Head of household (5) Surviving Spouse with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11) 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 11. Total Additions to federal adjusted gross income (PIT-ADJ, line 6). Attach PIT-ADJ 12. Federal standard or itemized deduction amount (from federal Form 1040, line 12) 12a. If you itemized, mark the box 13. Deduction for certain dependents. See the worksheet in the instructions 14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions 15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 28). 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 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 Tax 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 than zero

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

2024 PIT-1, PAGE 2
BARCODE SHOULD READ \*24019999\* where the last four digits are replaced with your vendor code.

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. Rows include 23-42 with various 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]
HCA. 1 [X] Check this box if you would like to see if you and the members of your household qualify for medical insurance through the Health Care Authority (HCA) or Health Insurance Exchange (NMHIE).

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" State 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" State 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 XXXXXXXXXXXXXXXXXXXXXXXXX

Paid preparer's use only:
Signature of preparer Date
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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.