

2024 PIT-X

NEW MEXICO PERSONAL INCOME TAX

AMENDED RETURN For the year January 1 - December 31, 2024 or fiscal year beginning F.1 MM/DD/CCYY ending F.2 MM/DD/CCYY

2024 PIT-X, PAGE 1
BARCODE SHOULD READ *240169999* where the last four digits are replaced with your vendor code.

FOR DEPARTMENT USE ONLY

Vendor Product Version 9999 99 9
Disaster Relief XXXXXXXXXXXXXXXXXXXXXXXXXX

1a Print your name (first, middle, last)
1b Print your spouse's name (first, middle, last). If married filing separately, include spouse.
3a If the address is new or changed, mark this box.

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

Mailing Address (Number and street)
City State Postal/ZIP Code
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/claimant. You must also attach Form RPD-41083.
Taxpayer's date of death
Spouse's date of death
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. 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 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.)
Table with columns: First name, Last name, Column 1, Column 2 (Dependent's SSN), Column 3 (Date of birth (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) XXXXXXXXXXXXXXXXXXXXXXXXXX
(5) Surviving Spouse with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11)
Table with columns: AS PREVIOUSLY FILED, AS AMENDED
Rows 9-22 including deductions and final NET NEW MEXICO INCOME TAX

2024 PIT-X (page 2) NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN

2024 PIT-X, PAGE 2
BARCODE SHOULD READ *240179999* where the last four digits are replaced with your vendor code.

YOUR SOCIAL SECURITY NUMBER

999-99-9999

Reason for amending: XXX

Final Determination Date: MM/DD/CCYY

Table with columns AS PREVIOUSLY FILED and AS AMENDED, rows 23-25. Line 23: 999,999,999. Line 24: 999,999,999. Line 25: 999,999,999. Includes sub-rows 25a and 25b.

Table with columns AS PREVIOUSLY FILED and AS AMENDED, rows 26-32. Line 26: 999,999,999. Line 27: 999,999,999. Line 28: 999,999,999. Line 29: 999,999,999. Line 30: 999,999,999. Line 31: 999,999,999. Line 32: 999,999,999.

Table with columns AS PREVIOUSLY FILED and AS AMENDED, rows 33-42. Line 33: 999,999,999. Line 34: 999,999,999. Line 35: 9. Line 36: 999,999,999. Line 37: 999,999,999. Line 38: 999,999,999. Line 39: 999,999,999. Line 40: 999,999,999. Line 41: 999,999,999. Line 42: 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 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]

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 section with fields for Your signature, Date, Driver's License, Spouse's signature, Spouse's Driver's License, Taxpayer's phone number, and Taxpayer's email address.

Paid preparer's use only section with fields for Signature of preparer, Date, P.1 Firm's name, P.2 NMBTIN, P.3 Preparer's PTIN, P.4 FEIN, P.5 Preparer's phone number, and P.6 checkbox.

Table with columns Date and Amount, rows S1, S2, S3. S1: 2024 Other payments. S2: 2024 Refunds received. S3: Subtract line S2a from line S1a. Result: 999,999,999.