Final 1.2 11/06/2023

2023 S-Corp New Mexico Sub-Chapter S Corporate Income and Franchise Tax Return

1a Corporation name
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2a Mailing address (number and street name)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3a City
XXXXXXXXXXXXXXXXXXXXXX
State XX
Postal/ZIP code 99999-9999

3b If foreign address, enter country
XXXXXXXXXXXXXXXXXXXX
Foreign province and/or state XXXXXXXXXXXX

Disaster Relief
XXXXXXXXXXXXXXXXXXXX

Vendor 9999 Product 99 Version 9

CHECK ONE (Required):
4a [X] Original Return
4b [X] Amended Return
4b.(i) Type: 99
4b.(ii) Date: MM/DD/CCYY

FOR DEPARTMENT USE ONLY

5a FEIN (Required)
99-9999999

5b NAICS Code (Required)
9999999

6a Fiscal (or Short-Year) Tax Year Starts
MM DD CCYY

6b Fiscal (or Short-Year) Tax Year Ends
MM DD CCYY

6c Federal Due Date
MM DD CCYY

6d Extended Due Date
MM DD CCYY

A. State where organized XXXXXXXXXXXXXXXXXXX

B. Date of organization MM/DD/CCYY

C. Date business began in New Mexico MM/DD/CCYY

D. Date terminated in New Mexico MM/DD/CCYY

E. Name and address of registered agent in New Mexico XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
mailing address   city   state   ZIP code

F. [X] If your business activities were immune from New Mexico corporate income tax under P.L. 86-272 for the 2023 tax year, mark this box. You must also complete and attach Schedule S-Corp-A.

1. Income taxable to corporation. (from S-Corp-C, line 4, column 1) See instructions	**1**	999,999,999,999
2. Tax on amount on line 1. See the Tax Rate Table on page 9 in the instructions	**2**	999,999,999,999
3. New Mexico percentage. Enter 100% or the percentage from S-Corp-C, line 5	**3**	999.9999 %
4. New Mexico income tax. Multiply line 2 by line 3	**4**	999,999,999,999
5. Total tax credits applied against income tax liability on line 4 (from S-Corp-CR, line A). **Attach S-Corp-CR**	**5**	999,999,999,999
6. New Mexico income tax less tax credits. Subtract line 5 from line 4. Cannot be a negative number	**6**	999,999,999,999
7. Franchise tax. $50 per S corporation or entity taxed as S corporation	**7**	999,999,999,999
8. Total income and franchise tax. Add lines 6 and 7	**8**	999,999,999,999
9. Total withholding, composite, and entity-level tax. (from S-Corp-1, line 28)	**9**	999,999,999,999
10. Total New Mexico tax. Add line 8 and line 9	**10**	999,999,999,999
11. **Amended returns only.** Enter 2023 refunds received and overpayments applied to 2024.	**11**	999,999,999,999
12. **Subtotal.** Add lines 10 and 11	**12**	999,999,999,999
13. Total payments: [X] Extension [X] Estimated [X] Applied from prior year	**13**	999,999,999,999
14. New Mexico income tax withheld from oil and gas proceeds. **Attach 1099-MISC, RPD-41285**	**14**	999,999,999,999
15. New Mexico income tax withheld from pass-through entities. **Attach 1099-MISC, RPD-41359**	**15**	999,999,999,999
16. **Total payments and withholding.** The sum of lines 13, 14, and 15	**16**	999,999,999,999
17. Tax due. If line 12 is greater than line 16, subtract 16 from 12 and enter the difference	**17**	999,999,999,999
18. Penalty. See Instructions	**18**	999,999,999,999
19. Interest. See Instructions	**19**	999,999,999,999
20. Total amount due. Add lines 17, 18, and 19	**20**	999,999,999,999
21. Overpayment. If line 16 is greater than line 12, subtract 12 from 16 and enter the difference	**21**	999,999,999,999
21a. Amount of overpayment to apply to 2024 income tax liability. Cannot be more than line 21	**21a**	999,999,999,999
21b. Amount of overpayment to refund. Subtract line 21a from line 21 and enter the difference	**21b**	999,999,999,999
22. Total portion of tax credits to refund. (from S-Corp-CR, line B). **Attach S-Corp-CR**	**22**	99,999,999,999
23. Total refund of overpaid tax and refundable credit due to you. Add lines 21b and 22	**23**	99,999,999,999

Refund Express!! Have your refund directly deposited. See instructions and fill in 1, 2, 3, and 4.

4. REQUIRED: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.

RE1 1. Routing number: 999999999
RE3 3. Type: Checking [X] Savings [X]
RE2 2. Account number: 999999999999999999
RE4 YES [X] NO [X] You must answer this question.

Taxpayer's Signature

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.

Signature of officer, member, or partner   Date
XXXXXXXXXXXXXXXXXXXXXXX (999)999-9999

Title
Contact phone number

Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXXXXX

Paid Preparer's Use Only

Signature of preparer if other than employee of the taxpayer   Date

P1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Print preparer's name

P2 NMBTIN 09-999999-009

P3 FEIN 99-9999999

P4 Preparer's PTIN X99999999

P5 Preparer's phone number (999)999-9999

2023 S-Corp-1 Income Taxable To Owners

Version code 9

FEIN
99-9999999

CALCULATION OF NET INCOME TAXABLE TO OWNERS

1.	Ordinary business income (loss) from federal Form 1120S, Schedule K	**1** 999,999,999,999
2.	Other income (loss) from federal Form 1120S, Schedule K	**2** 999,999,999,999
3.	Interest income from municipal bonds, excluding New Mexico bonds	**3** 999,999,999,999
4.	Subtotal of lines 1 through 3	**4** 999,999,999,999
5.	Interest from U.S. government obligations or federally-taxed New Mexico bonds	**5** 999,999,999,999
6.	Allowable deductions from Schedule K	**6** 999,999,999,999
7.	Deduction for certain expenses related to a New Mexico licensed cannabis business	**7** 999,999,999,999
8.	Total Allocated income (from S-Corp-B, line 8, column 1)	**8** 999,999,999,999
9.	Apportionable income. Add lines 5, 6, 7, and 8, then subtract from line 4	**9** 999,999,999,999
10.	Average percentage (from S-Corp-A, line 5)	**10** 999.9999 %
11.	New Mexico apportionable income. Multiply line 9 by line 10	**11** 999,999,999,999
12.	New Mexico allocated income (from S-Corp-B, line 9, column 2)	**12** 999,999,999,999
13.	New Mexico net income. Add lines 11 and 12	**13** 999,999,999,999
14.	Amount of net income from line 13 that is subject to PTE withholding tax	**14** 999,999,999,999
15.	Withholding tax rate	**15** 5.9%
16.	Multiply line 14 by line 15. Amount of withholding tax on net income	**16** 999,999,999,999
17.	Total withholding tax passed directly to owners (see instructions)	**17** 999,999,999,999
18.	Subtract line 17 from line 16. **Total withholding tax**	**18** 999,999,999,999
19.	Amount of net income from line 13 subject to composite income tax	**19** 999,999,999,999
20.	Composite income tax rate	**20** 5.9%
21.	Multiply line 19 by line 20. **Total composite income tax**	**21** 999,999,999,999

COMPUTATION OF ENTITY-LEVEL TAX. Complete lines 22 through 27 if electing to file and pay entity-level tax.

22.	New Mexico taxable income from line 13	**22** 999,999,999,999
23.	New Mexico net capital gains deduction	**23** 999,999,999,999
24.	Distributions not subject to entity-level tax	**24** 999,999,999,999
25.	Distributions subject to entity-level tax. Add 23 and 24, then subtract from line 22	**25** 999,999,999,999
26.	Entity-level tax rate	**26** 5.9%
27.	Multiply line 25 by line 26. **Total entity-level tax**	**27** 999,999,999,999
28.	**Total withholding, composite and entity-level tax.** Sum of lines 18, 21, and 27. Enter here and on S-Corp line 9	**28** 999,999,999,999

2023 S-Corp-A   New Mexico Apportionment Factors

FEIN
99-9999999

Version code 9

PROPERTY FACTOR		Column 1 Total Everywhere	Column 2 Inside New Mexico	Percent Inside New Mexico
Average annual value of inventory	1a	999,999,999,999	999,999,999,999	Calculate each percentage to four decimal places; for example, 22.5431%.
Average annual value of real property	1b	999,999,999,999	999,999,999,999	
Average annual value of personal property	1c	999,999,999,999	999,999,999,999	
Rented property. Multiply annual rental value by 8	1d	999,999,999,999	999,999,999,999	
Total property	1e	999,999,999,999	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

Total compensation of employees	2a	999,999,999,999	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	999,999,999,999

3. Sales factor. Divide column 2 by column 1 and then multiply by 100 .... + | 3 | 999.9999 %

4. Sum of factor percentages. Add lines 1, 2, and 3 .... = | 4 | 999.9999 %

  4a. Count of factors. Enter the total count of all factors used .... | **4a** | 999

5. Average Percentage. Divide line 4 by the count of factors used to calculate line 4, and then enter on S-Corp-1, line,9 .... = | 5 | 999.9999 %

  A. 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.
      h Month/Day/Year   i Month/Day/Year

  B. Mark the box indicating the special method elected.   [X] Manufacturers   [X] Headquarters Operation

2023 S-Corp-B
Allocated Non-Business Income Taxable To Owners

		Column 1 Total Income Everywhere	Column 2 New Mexico Income
1. Net non-business dividends	1	999,999,999,999	999,999,999,999
2. Net non-business interest	2	999,999,999,999	999,999,999,999
3. Net non-business rents (loss)	3	999,999,999,999	999,999,999,999
4. Net non-business royalties	4	999,999,999,999	999,999,999,999
5. Net non-business profit on sale of assets (loss)	5	999,999,999,999	999,999,999,999
6. Net non-business partnership income (loss)	6	999,999,999,999	999,999,999,999
7. Other net non-business income (loss)	7	999,999,999,999	999,999,999,999
8. Total allocated income. Add Column 1, lines 1 through 7, and enter on S-Corp-1, line 8	8	999,999,999,999	
9. Total New Mexico allocated income. Add Column 2, lines 1 through 7, and enter on S-Corp-1, line 12	9		999,999,999,999

2023 S-Corp-C
**Allocated And Apportioned Income
Taxed To S Corporations**

FEIN

99-9999999

If you are an S corporation with federal taxable income, complete this section.

		Column 1 Total Income Everywhere	Column 2 New Mexico Income
1.	Capital gains Net capital gains (from Schedule D of federal Form 1120S) See instructions for allocation rules ……………………………………………	1	999,999,999,999	999,999,999,999
2.	Passive income Excess net passive income (from federal worksheet in the 1120S instructions for excess net passive income)...	2	999,999,999,999	999,999,999,999
3.	Net recognized built-in gain (from Schedule D, federal Form 1120S) …………………………	3	999,999,999,999	999,999,999,999
4.	Total. Add lines 1, 2, and 3	4	999,999,999,999	999,999,999,999

5. New Mexico percentage.
Divide line 4, column 2, by line 4, column 1, and then multiply by 100.
Enter on Form S-Corp, line 3 ··· 5 | 999 .9999 %

DRAFT FORM

DO NOT FILE

TAX INFORMATION AND POLICY OFFICE

2023 S-Corp-D
Detail of Owner Withholding, Composite Tax and Entity-Level Tax

FEIN
99-9999999

You can e-file and e-pay the S-Corp return using the Department's Taxpayer Access Point (TAP) website at https://tap.state.nm.us.

1

1a. Owner SSN/ITIN/FEIN	1b. ID Provided	3a. Owner Address (Number Street)			
99-999-9999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

2 Owner Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XX	99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owner share of allocable net income	8. Owner share of withholding	9. Owner Percentage
X	X	99	99,999,999,999	99,999,999,999	999.9999%

10. Amount of owner composite tax	11. Owner share of allocable net income subject to entity-level tax	12. Owner share of entity-level tax
99,999,999,999	99,999,999,999	99,999,999,999

2

1a. Owner SSN/ITIN/FEIN	1b. ID Provided	3a. Owner Address (Number Street)			
99-999-9999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

2 Owner Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XX	99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owner share of allocable net income	8. Owner share of withholding	9. Owner Percentage
X	X	99	99,999,999,999	99,999,999,999	999.9999%

10. Amount of owner composite tax	11. Owner share of allocable net income subject to entity-level tax	12. Owner share of entity-level tax
99,999,999,999	99,999,999,999	99,999,999,999

3

1a. Owner SSN/ITIN/FEIN	1b. ID Provided	3a. Owner Address (Number Street)			
99-999-9999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

2 Owner Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XX	99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owner share of allocable net income	8. Owner share of withholding	9. Owner Percentage
X	X	99	99,999,999,999	99,999,999,999	999.9999%

10. Amount of owner composite tax	11. Owner share of allocable net income subject to entity-level tax	12. Owner share of entity-level tax
99,999,999,999	99,999,999,999	99,999,999,999

4

1a. Owner SSN/ITIN/FEIN	1b. ID Provided	3a. Owner Address (Number Street)			
99-999-9999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

2 Owner Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XX	99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owner share of allocable net income	8. Owner share of withholding	9. Owner Percentage
X	X	99	99,999,999,999	99,999,999,999	999.9999%

10. Amount of owner composite tax	11. Owner share of allocable net income subject to entity-level tax	12. Owner share of entity-level tax
99,999,999,999	99,999,999,999	99,999,999,999

If you need more space, print this *Schedule S-Corp-D* directly from the website and attach the additional S-Corp-D Supplemental forms as needed after the first page of this form.

Page:

999 **of** 999

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Final 1.2 11/06/2023

2023 S-Corp-D Supplemental
Detail of Owner Withholding, Composite Tax and Entity-Level Tax

FEIN
99–9999999

You can e-file and e-pay the S-Corp return using the Department's Taxpayer Access Point (TAP) website at https://tap.state.nm.us.

1

1a. Owner SSN/ITIN/FEIN	1b. ID Provided	3a. Owner Address (Number Street)			
99–999–9999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

2 Owner Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XX	99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owner share of allocable net income	8. Owner share of withholding	9. Owner Percentage
X	X	99	99,999,999,999	99,999,999,999	999.9999%

10. Amount of owner composite tax	11. Owner share of allocable net income subject to entity-level tax	12. Owner share of entity-level tax
99,999,999,999	99,999,999,999	99,999,999,999

2

1a. Owner SSN/ITIN/FEIN	1b. ID Provided	3a. Owner Address (Number Street)			
99–999–9999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

2 Owner Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XX	99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owner share of allocable net income	8. Owner share of withholding	9. Owner Percentage
X	X	99	99,999,999,999	99,999,999,999	999.9999%

10. Amount of owner composite tax	11. Owner share of allocable net income subject to entity-level tax	12. Owner share of entity-level tax
99,999,999,999	99,999,999,999	99,999,999,999

3

1a. Owner SSN/ITIN/FEIN	1b. ID Provided	3a. Owner Address (Number Street)			
99–999–9999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

2 Owner Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XX	99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owner share of allocable net income	8. Owner share of withholding	9. Owner Percentage
X	X	99	99,999,999,999	99,999,999,999	999.9999%

10. Amount of owner composite tax	11. Owner share of allocable net income subject to entity-level tax	12. Owner share of entity-level tax
99,999,999,999	99,999,999,999	99,999,999,999

4

1a. Owner SSN/ITIN/FEIN	1b. ID Provided	3a. Owner Address (Number Street)			
99–999–9999	☒ SSN/ITIN ☒ FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

2 Owner Name (First, Middle, Last)	3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XX	99999	☒ XX

4. Residency Status	5. Withholding required	6. Reason Code	7. Owner share of allocable net income	8. Owner share of withholding	9. Owner Percentage
X	X	99	99,999,999,999	99,999,999,999	999.9999%

10. Amount of owner composite tax	11. Owner share of allocable net income subject to entity-level tax	12. Owner share of entity-level tax
99,999,999,999	99,999,999,999	99,999,999,999

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Page:

999 **of** 999

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