

2023 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2023 or fiscal year beginning F1 MM/DD/CCYY ending F2 MM/DD/CCYY If amending use Form 2023 PIT-X.

2023 PIT-1, PAGE 1 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 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 Name 4b SSN 4c Taxpayer's date of death 4d Spouse's date of death

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.

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

8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return. Table with columns: First name, Last name, Column 1, Column 2 (Dependent's SSN), Column 3 (Date of birth)

9. FEDERAL ADJUSTED GROSS INCOME. Table with rows 9-22 showing income, deductions, and taxes. Includes sub-tables for 12a and 16a.

2023 PIT-1 (page 2)
NEW MEXICO PERSONAL INCOME TAX RETURN

Version Code **9**

20223 PIT-1, PAGE 2
 BARCODE SHOULD READ *230199999* 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

23. The amount on line 22 from page 1.....	23	999,999,999
24. Total claimed on rebate and credit schedule (PIT-RC, line 26). Attach PIT-RC	24	999,999,999
25. Working families tax credit. (You must complete lines 25, 25a, and 25b* or the deduction will be denied.).....	+	25 999,999,999
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 <input checked="" type="checkbox"/>		
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR	+	26 999,999,999
27. New Mexico income tax withheld. Attach annual statements of income and withholding	+	27 999,999,999
28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	+	28 999,999,999
29. New Mexico income tax withheld from or paid by a pass-through entity. Attach 1099-Misc or RPD-41359	+	29 999,999,999
30. 2023 estimated income tax payments. See PIT-1 instructions.....	+	30 999,999,999
31. Other Payments.....	+	31 999,999,999
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.....	=	32 999,999,999
33. TAX DUE. If line 22 is greater than line 32, enter the difference here.....	33	999,999,999
34. Penalty on underpayment of estimated tax. See PIT-1 instructions.....	+	34 999,999,999
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272	35	9
36. Penalty. See PIT-1 instructions.....	+	36 999,999,999
37. Interest. See PIT-1 instructions.....	+	37 999,999,999
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.....	=	38 999,999,999
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.....	39	999,999,999
40. Refund voluntary contributions (PIT-D, line 18). Attach PIT-D	-	40 999,999,999
41. Amount from line 39 you want applied to your 2024 Estimated Tax	-	41 999,999,999
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.....	=	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 Savings

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 No

HSD. 1 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.

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

Paid preparer's use only:

Signature of preparer _____ Date _____

XX

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