2011 PIT-X NEW MEXICO PERSONAL INCOME TAX

AMENDED RETURN for tax year January 1 - December 31, 2011

or fiscal year beginning ______ ending ____



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	Check this box if address is new or c	hanged.	1. SOCIAL SECURITY NUME	BER Blind Over 64 R	esidency Residency status: complete				
Print	your name (first, middle, last)				for each taxpayer. Enter				
					"R" if RESIDENT;				
Print	your spouse's name (first, middle, last) If ma	arried, you must include spouse.			"N" if NON-RESIDENT; "F" if FIRST-YEAR RES.;				
					" P " if PART-YEAR RES				
Maili	ng Address		Check if taxpayer or spouse before this return is filed.	^{e died} Taxpayer					
			Enter date of death.	Spouse					
City,	State and ZIP Code			If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spou					
			named on this return, enter t	the name and SSN of the	at person. You must also attach Form RPD-41083				
~									
2.	EXEMPTIONS - Number of								
	Exemptions. If you are a c another taxpayer, enter 00	•			ATUS - Check only one box below				
				(1) Singl	e				
3.	EXTENSION OF TIME TO FILE box if you have a federal or state								
	and enter extension date.		/	(2) Married filing jointly					
	5. DEPENDENTS:	As listed on your federal ret	turn		ied filing separately (Enter spouse's social nber above)				
	(You must report the first 5 dependents in								
	First name Last name	Dependent's SSN	Dependent's date of birth	(4) Head	d of household (Enter name of person qualify-				
			/ /	a qualified e	nead of household if that person is not counted as exemption on your federal return.)				
			/ /						
				(5) Qual	ifying widow(er) with dependent child				
6.	FEDERAL ADJUSTED GROSS INCO	ME		AS PREVIO	USLY FILED AS AMENDED				
	(From federal Form 1040, line 38; Forr		0EZ, line 4.)	6					
7.	If you itemized your federal deduction ar	nount, enter the amount of state	e and local income or						
	general sales tax deduction claimed of	on line 5, federal Form 1040,	Schedule A	7					
8.	Additions to federal income (From line	5 of PIT-ADJ; attach PIT-AD	J)						
	Federal standard or itemized deduction	·	- /	8					
	(From federal Form 1040, line 40; For		40EZ, line 5.)						
				9					
9a.	Check the box if you itemized. You	must also complete line 7 il a	pplicable						
10.	Federal exemption amount (From fed	eral Form 1040, line 42; Form	n 1040A,						
	line 26; or leave blank if you filed Forr	n 1040EZ.)		10					
11.	New Mexico low- and middle-income	tax exemption (See PIT-1 ins	tructions.)	11					
10									
12.	Deductions/Exemptions from federal ir	icome (Line 21 of PIT-ADJ; a	ttach PIT-ADJ)	12					
13.	Medical care expense deduction (See You must complete both lines 13 and 13a or the de	PIT-1 instructions.)		13					
			1	13					
138	a. Unreimbursed and uncompensated	medical care expenses 13	a						
	NEW MEXICO TAXABLE INCOME (Add								
	(Cannot be less than zero.)								
	Tax on amount on line 14			15					
	a. If from the Rate Table, enter "R", If								
	Additional amount for tax on lump-sum	,	,	16					
			ave been a New Mexico resident during ude a copy of other state's return.)						
	Non-refundable credits from Schedule		,						
	NET NEW MEXICO INCOME TAX (Ac	•	,	10					
	(Cannot be less than zero.)								

Continue on the next page.

Amended returns may be electronically filed through the Department's web site.

2011 PIT-X (page 2) NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN

YC	UR SOCIAL SECURITY NUMBER									
						_				
If submitting this return by mail, send to: NM Taxation and Revenue Department Reason for amending:										
NM Taxation and Revenue Department Reason for amending:										
San	ta Fe, New Mexico 87504-5122									
	ch schedules even if they did not change from the prev	<u>+</u>	AS PREVIOUSLY FILED AS AMENDED							
	The amount on line 19 from page 1			201						
	Total claimed on rebate and credit schedule (Line 26 o			21						
22.	Working families tax credit (You must complete both lines 22 a	ied.)	22							
	22a. The amount of Federal Earned Income Credit reported on your 2011 federal income tax return.									
	New Mexico income tax withheld (Attach annual statement		23							
	New Mexico income tax withheld from oil & gas proce	24								
	New Mexico income tax withheld from a pass-through			25						
	2011 estimated income tax payments (See PIT-1 instr	,		26						
	Other payments less any refunds from schedule below			27						
	TOTAL PAYMENTS AND CREDITS (Add lines 21 thro									
	TAX DUE (If line 20 is greater than line 28, enter the Penalty on underpayment of estimated tax (Leave bla			29						
50.	computed for you.)			30						
31.	Special method allowed for calculation of underpayme Enter 1, 2, 3, 4 or 5 in the box if you owe penalty on u and you qualify. (Attach RPD-41272)	31								
32.	Penalty (See PIT-1 instructions. Leave blank if you wa	ant penalty computed for y	ou.)	32						
33.	Interest (See PIT-1 instructions. Leave blank if you wa	ant interest computed for y	ou.)	33						
34.	TAX, PENALTY AND INTEREST DUE (Add lines 29,	30, 32 and 33)								
	OVERPAYMENT (If line 20 is less than line 28, enter									
	Refund donations (Line 11 of PIT-D; attach PIT-D)									
	Amount from line 35 you want applied to your 2012 I									
	AMOUNT TO BE REFUNDED TO YOU (Line 35 min			•.						
50.				38						
!!	REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITE	ED! SEE INSTRUCTIONS AND FIL	L IN 1, 2, 3 AND	4. 4.		IS REFUND GO TO OR UNT LOCATED OUTSIDE				
1	Routing number:	3. Type: Checking	□ Saving	s 🗖		? If yes, you may not use this refund				
	· · · · · · · · · · · · · · · · · · ·	Enter "X"	Enter "X		delivery option. See instruction					
	Account number:				YES NO	this question.				
	clare I have examined this return, including accomp ements, and to the best of my knowledge and belie		Paid prepar	er's use or	ıly:					
	iplete.		Signature of	Date						
			Signature of	preparer		Dale				
You	signature	Date								
Your signature Date				Firm's name (or yours if self-employed)						
Sno	usala signatura		M CRS identification number							
	use's signature	Date		Preparer's SSN or PTIN						
(11.11	ing jointly, BOTH must sign even if only one had incon	le.)	FEIN							
Tax	payer's phone number			Preparer's phone number						
Tax	payer's E-mail address		Check this box if Form RPD-41338 is on file for this taxpayer. (See PIT-1 instructions.)							
			, , , , , , , , , , , , , , , , , , ,		,	•				
	omplete this schedule and report the result o ne 27 Other payments less any refunds.	n Form PIT-X, page 2,		Date		Amount				
I										
	List any tax year 2011 payments made prior to or sepa									
	s amended return. Also, enter the date of the payment. I									
	carryforward payments reported on line 26, Form PIT an four payments, attach a schedule.									
		1a Sun	n of payme	nts						
	List any refunds received from a previously filed 2011									
	come tax return. Do not include any interest the New									
	evenue Department paid, if any, on your refund.			n of refunds	6					
	Subtract the sum of refunds reported on line 2a from ti ter here and on line 27, Form PIT-X, page 2. (May be		ted on line 1a							