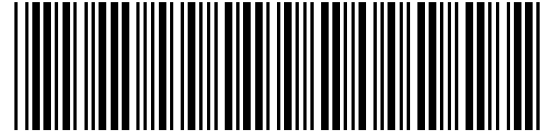


# 2013 FID-D Annual Withholding of Net Income From a Fiduciary Detail Report



Page 1 of \_\_\_\_\_

Check if amended

Name of trust or estate	FEIN	Line 1. Total New Mexico net income	<input type="checkbox"/>
Fiduciary's address, city, state, and ZIP code			

**Tax year, if other than the full 2013 calendar year.**

Beginning of tax year	Last day of tax year						
<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px; text-align: center;">MM</td> <td style="width: 20px; text-align: center;">DD</td> <td style="width: 20px; text-align: center;">CCYY</td> </tr> </table>	MM	DD	CCYY	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px; text-align: center;">MM</td> <td style="width: 20px; text-align: center;">DD</td> <td style="width: 20px; text-align: center;">CCYY</td> </tr> </table>	MM	DD	CCYY
MM	DD	CCYY					
MM	DD	CCYY					

**Due date of the federal fiduciary return.**

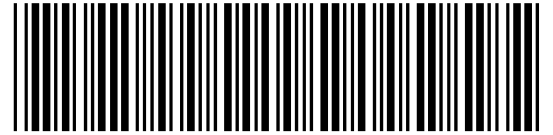
Original Due Date	Extended Due Date						
<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px; text-align: center;">MM</td> <td style="width: 20px; text-align: center;">DD</td> <td style="width: 20px; text-align: center;">CCYY</td> </tr> </table>	MM	DD	CCYY	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px; text-align: center;">MM</td> <td style="width: 20px; text-align: center;">DD</td> <td style="width: 20px; text-align: center;">CCYY</td> </tr> </table>	MM	DD	CCYY
MM	DD	CCYY					
MM	DD	CCYY					

Column 1 Beneficiary's name, street address, city, state, ZIP code	Column 2 Beneficiary's SSN/FEIN	Column 3 Beneficiary's share of allocable net income	Column 4 Beneficiary's share of withholding tax	Col. 5 RPD-41353 on file
Check if outside the U.S. <input type="checkbox"/>	Check one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
Check if outside the U.S. <input type="checkbox"/>	Check one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
Check if outside the U.S. <input type="checkbox"/>	Check one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES

<p>File this report on-line using the Department's website at <a href="https://efile.state.nm.us">https://efile.state.nm.us</a>. If you cannot electronically file, see the instructions.</p> <p>For assistance completing this return call (505) 827-0825.</p> <p>If making payment with this report, also attach Form PTW-PV, <i>Annual Withholding of Net Income From a Pass-Through Entity Detail Report Payment Voucher</i>.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Line 2. <b>Total withholding this page</b></td> <td style="width:5%; text-align: center;">2.</td> <td style="width:35%;"></td> </tr> <tr> <td>Line 3. <b>Total withholding from all pages</b></td> <td style="text-align: center;">3.</td> <td></td> </tr> <tr> <td>Line 4. <b>Withholding tax passed to beneficiaries</b></td> <td style="text-align: center;">4.</td> <td></td> </tr> <tr> <td>Line 5. <b>Withholding tax paid by the fiduciary</b></td> <td style="text-align: center;">5.</td> <td></td> </tr> <tr> <td>Line 6. <b>Subtotal</b> Subtract the sum of lines 4 and 5, from line 3. May not be less than zero.</td> <td style="text-align: center;">6.</td> <td></td> </tr> <tr> <td>Line 7. <b>Penalty</b></td> <td style="text-align: center;">7.</td> <td></td> </tr> <tr> <td>Line 8. <b>Interest</b></td> <td style="text-align: center;">8.</td> <td></td> </tr> <tr> <td>Line 9. <b>Total due</b> Add lines 6, 7 and 8.</td> <td style="text-align: center;">9.</td> <td></td> </tr> </table>	Line 2. <b>Total withholding this page</b>	2.		Line 3. <b>Total withholding from all pages</b>	3.		Line 4. <b>Withholding tax passed to beneficiaries</b>	4.		Line 5. <b>Withholding tax paid by the fiduciary</b>	5.		Line 6. <b>Subtotal</b> Subtract the sum of lines 4 and 5, from line 3. May not be less than zero.	6.		Line 7. <b>Penalty</b>	7.		Line 8. <b>Interest</b>	8.		Line 9. <b>Total due</b> Add lines 6, 7 and 8.	9.	
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I declare I have examined this form and to the best of my knowledge and belief it is true, correct and complete.	
Authorized signature _____	Date _____
Phone number _____	E-mail address _____

**2013 FID-D (supplemental form)  
Annual Withholding of Net Income  
From a Fiduciary Detail Report**



Name of trust or estate	FEIN
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Page \_\_\_\_\_ of \_\_\_\_\_

Column 1 Beneficiary's name, street address, city, state, ZIP code	Column 2 Beneficiary's SSN/FEIN	Column 3 Beneficiary's share of allocable net income	Column 4 Beneficiary's share of withholding tax	Col. 5 RPD-41353 on file
Check if outside the U.S. <input type="checkbox"/>	Check one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
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Check if outside the U.S. <input type="checkbox"/>	Check one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
Check if outside the U.S. <input type="checkbox"/>	Check one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES
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Check if outside the U.S. <input type="checkbox"/>	Check one: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			<input type="checkbox"/> YES

If more space is needed, print the Supplemental Form directly from the website and attach the additional supplemental forms to the first page of this form. Reproducing from a photocopy reduces the readability of the bar code on scanning equipment.

Line 2. **Total withholding this page.** 2.