

2014 FID-D Annual Withholding of Net Income From a Fiduciary Detail Report



Page _____ 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			

FOR DEPARTMENT USE ONLY

<p>Tax year if other than the full 2014 calendar year.</p> <p>Beginning of tax year</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> <tr> <td>MM</td> <td>DD</td> <td>CCYY</td> </tr> </table> <p style="margin-left: 100px;">Last day of tax year</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> <tr> <td>MM</td> <td>DD</td> <td>CCYY</td> </tr> </table>				MM	DD	CCYY				MM	DD	CCYY	<p>Due date of the federal fiduciary return.</p> <p>Original Due Date</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table> <p>Extended Due Date</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>						
MM	DD	CCYY																	
MM	DD	CCYY																	

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

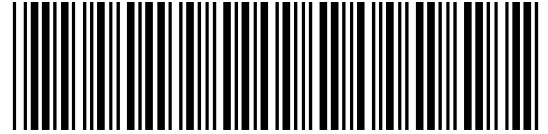
	Line 2. Total withholding this page	2.	
You can pay online through Taxpayer Access Point (TAP) at https://tap.state.nm.us . Under FOR BUSINESSES , click Make a Payment and then in Account Type , select Fiduciary Income Tax .	Line 3. Total withholding from all pages	3.	
	Line 4. Withholding tax passed to beneficiaries	4.	
	Line 5. Withholding tax paid by the fiduciary	5.	
For help completing this report, call (505) 827-0825 in Santa Fe or call toll free at (866) 809-2335, option 4.	Line 6. Subtotal Subtract the sum of line 4 and line 5 from line 3. Cannot be less than zero.	6.	
	Line 7. Penalty	7.	
	Line 8. Interest	8.	
	Line 9. Total due Add lines 6, 7, and 8.	9.	

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 _____

**2014 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, and ZIP code	Column 2 Beneficiary's SSN or FEIN	Column 3 Beneficiary's share of allocable net income	Column 4 Beneficiary's share of withholding tax	Col. 5 RPD-41353 on file
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If you need more space, print this page (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.