2015 PIT-BNEW MEXICO ALLOCATION AND APPORTIONMENT OF INCOME SCHEDULE



14

Print your name (first, middle, last)	YOUR SOCIAL SECURITY NUMBER
Time your name (mot, madie, last)	
Taxpayers who allocate and apportion income from both inside and outside instructions when completing this schedule. Include the Schedule PIT-B with	de the State of New Mexico must complete this schedule. Please refer to the h your personal income tax return, Form PIT-1.
For first-year and part-year resident taxpayers, enter the period of resident	lency. A. From B. through
If your spouse's residency period is different, enter the period of resident for your spouse. If additional periods of residency apply, write them in the space below this line.	
If the taxpayer or spouse is a military servicemember's spouse qualifying Residency Relief Act, is not a resident of New Mexico, and is allocating i Mexico to their state of residence, mark the appropriate box.	
	SENT 185 DAYS OR MORE IN NEW MEXICO MUST ALLOCATE ALL INCOME 3, AND 7 IN FULL TO NEW MEXICO.
ALLOCATION OF NONBUSINESS INCOME	Column 1 Column 2 Total Federal Income New Mexico Income
1. Wages, salaries, tips, etc. If non-resident military personnel, see PIT-B i	
 If you used Form PIT-110 to calculate line 1, Column 2, mark this box Interest and dividends. Include difference from Schedule PIT-ADJ, line 	
Pensions, annuities, social security, and lump-sum distributions	
4. Rents and royalties	4
5. Gains or losses from the sale or exchange of property	5
Income or losses from pass-through entities	6
7. All other income not included in lines 1 through 6 and line 8	
APPORTIONMENT OF BUSINESS AND FARM INCOME (F	For line 8. If none, go to line 9.)
Business and farm income. To determine the amount for Column 2, come worksheet PLT.R. page 2. See the instructions.	
worksheet PIT-B, page 2. See the instructions	
9. ADD lines 1 through 8 and enter the amount here	9
 Federal adjustments to income. In Column 1, enter the figure from federal line 36, or 1040A, line 20. For Column 2, see the PIT-B instructions 	·
 Total income. Line 9 minus line 10. Column 1 must be equal to or greater than Federal Adjusted Gross Income (Form PIT-1, line 9) If non-resident military personnel, see the PIT-B instructions. 	
12. DIVIDE the amount on line 11, Column 2 by the amount on line 11, Colu (Cannot be less than zero. If greater than 1, enter 1.000.)	
13. Using the tax rate tables, find the tax applicable to PIT-1, line 17. If an a distributions is shown on PIT-1, line 19, add it to the tax and enter the re	
14. MULTIPLY line 12 by line 13. Enter the amount here and on PIT-1, line	18, and then in the box on PIT-1, line 18a,

mark **B** to indicate the tax came from PIT-B....

2015 PIT-B (page 2) NEW MEXICO ALLOCATION AND APPORTIONMENT OF INCOME SCHEDULE



OUR SO	CIAL SECURITY NUMB	ER BUS	INESS NAME	BUSINESS TAX IDENT	IFICATION NUMBER
G.	G.		H. FEIN		
				ı. CRS	
		Complete a work	DNMENT OF BUSINESS of the street for each business of the appearance of the appearance of the street	or farm.	
a. A		tangible personal property xpayer and used during the	Column 1 Total Everywhere	Column 2 New Mexico	Column Factor
			1a		
b. D	OIVIDE Column 2 by Column 2	ımn 1, showing 3 decimal pla	ces		1b _ ·
PAYR	OLL FACTOR				
a. C	Compensation paid by tax	payer	2a		
b. D	OIVIDE Column 2 by Column	ımn 1, showing 3 decimal pla	ces		2b _ ·
SALES	S FACTOR				
a. To	otal sales, excluding nor	-business income	3a		
b. D	OIVIDE Column 2 by Column 2	ımn 1, showing 3 decimal pla	ces		3b _ ·
Total o	of lines 1b, 2b, and 3b				4 _ ·
DIVIDI	E line 4 by the number o	factors used and enter here,	showing 3 decimal places		5 <u>· · _ ·</u>
line 8, 0	Column 2. If you have mo	re than one business or farm	the decimal amount on line 5 of th complete a worksheet for each bus 3, Column 2. Attach a worksheet for	siness or farm, calculate the	e result for each busi-
This	entity submitted	written notification of i	its election to use the spec	cial method of appor	tionment
of b	usiness income fo	r manufacturers for ta			
The	effective date of the			/Day/Year	
Flec	ting manufacturer		fonth/Day/Year ctions for completing this	form See the instru	ctions