## **2015 PIT-X** NEW MEXICO PERSONAL INCOME TAX

AMENDED RETURN

or fiscal year beginning F.1 ending F.2

For the year January 1 - December 31, 2015 ending F2



| 1a          | nt your name (first, middle, last)<br>nt your spouse's name (first, middle, last). If married filing | g separately, include spouse.           |         | SOCIAL SECURITY NUM   | BER B   | Age 65 Residency<br>vilind or over status                           | Taxpayer's date of birth  |
|-------------|--|---|---------|---|---|---|---|
| 2a          |  |   | 2b      |   | 2c  | 2d 2e   | Spouse's date of birth 2f                                       |
| 3a          | If the address is new or changed, mark this box.   |   |         |   |   |   |   |
| Ma<br>3b    | Jailing Address (Number and street)  |   |         | If a deceased taxpayer's refu<br>be made payable to a pers<br>than the taxpayer or spouse | son other died before this return is filed, enter |   | Taxpayer's date of death<br>4c                                  |
| Cit         | y I  | State Postal/ZIP Code                   |         | on this return, enter <b>below</b> t<br>and social security number                        | hename  | date of death. $\rightarrow$  | Spouse's date of death<br>4d                                    |
| 3c          |  |   |         | person. You must also atta<br>RPD-41083.  |   |   |   |
|             | oreign address, enter country  | Foreign province and/or state           | 4a      |   |   |   | Residency status: Fortaxpayer<br>and spouse (1e and 2e), enter: |
| 3d<br>5.    | EXEMPTIONS. Number of Qual   | lified Exemptions                       | _       | Name  |   |   | <b>R</b> if RESIDENT<br><b>N</b> if NON-RESIDENT                |
| J.          | If you are a dependent of anothe   |   | 4b      | SSN   |   |   | F if FIRST-YEAR RES.  |
| 6a [        | EXTENSION OF TIME TO FILE.   | n                                       |         |   |   |   | <b>P</b> if PART-YEAR RES.                                      |
|             | mark the box and enter the extension   |   |         |   |   |   | . Mark only one box.  |
|             | 8. DEPENDENTS. As Ii<br>(You must report the first 5 dependents in thi                               | isted on your federal retu              |         | edule PIT-S )   |   | (1) Single  |   |
| <b>F</b> :- | Column 1   | Column 2                                |         | Column 3  |   | <ol> <li>Married filing join</li> <li>Married filing sep</li> </ol> | ntry<br>parately (Enter spouse's name                           |
| Fin         | st name Last name  | Dependent's SSN                         | Date    | of birth (MM/DD/CCYY)   |   | ind social security number i  |   |
|             |  |   |         |   |   | 4) Head of househo  |   |
|             |  |   |         |   |   |   | busehold if that person is not nption on your federal return.)  |
|             |  |   |         |   |   |   |   |
|             |  |   |         |   | (   | 5) Qualifying widow   | (er) with dependent child                                       |
| 9.          | FEDERAL ADJUSTED GROSS INCOME<br>line 22; or Form 1040EZ, line 4.)                                   | •                                       |         |   | AS<br>9   | PREVIOUSLY FILED  | AS AMENDED  |
| 9           | a. Enter any federal net operating loss inc  |   |         |   |   |   |   |
| 10.         | If you itemized your federal deduction am  |   |         |   |   |   | -   |
|             | deduction claimed on federal Form 1040,  | , Schedule A, line 5. See th            | inst    | ructions  | 10  |   |   |
| 11          | Total Additions to federal income (PIT-AD  | L line 5) Attach PIT AD I               |         |   | 11  |   |   |
|             | Federal standard or itemized deduction a   | ,                                       |         |   |   |   |   |
| 12.         | Form 1040A, line 24; or Form 1040EZ, li  |   |         | , ,   | 12  |   |   |
| 12          | a. If you itemized, mark the box   |   |         | 12a   |   |   |   |
| 13.         | Federal exemption amount (from federal or if you filed Form 1040EZ, leave blank                      |   |         |   | 13  |   |   |
| 14.         | New Mexico low- and middle-income tax  | x exemption. See PIT-1 ins              | structi | ons   | 14  |   |   |
| 15.         | Total Deductions and Exemptions from fe  | ederal income (PIT-ADJ, lin             | e 22)   | Attach PIT-ADJ  | 15  |   |   |
|             | Medical care expense deduction. See PI<br>(You must complete both lines 16 and 16a or the deduction) | T-1 instructions                        | ,       |   | 16  |   |   |
| 16          | a. Unreimbursed and uncompensated me   | dical care expenses. 16a                |         |   |   |   |   |
| 17.         | NEW MEXICO TAXABLE INCOME. Add lines   | s 9, 10 and 11, then subtract lines 12, | 13, 14, | 15 and 16   | 17  |   |   |
|             | New Mexico tax amount on line 17 or from   |   |         |   | 18  |   |   |
|             | Ba. From Rate Table = <b>R</b> . From PIT-B, line  |   |         |   |   |   |   |
|             | Additional amount for tax on lump-sum di   |   |         |   | 19  |   |   |
| 20.         | Credit for taxes paid to another state. You all or part of the year. <b>Include a copy of</b>        |   |         |   | 20  |   |   |
|             | Business-related income tax credits appli  |   |         |   | 21  |   |   |
| 22.         | NET NEW MEXICO INCOME TAX. Add I   | ines 18 and 19, then subtra             | act lin | es 20 and 21  | 22  | Contin  | nue on the next page  |

You may file an amended return online through Taxpayer Access Point (TAP) at https://tap.state.nm.us.

Continue on the next page.

## **2015 PIT-X** (page 2) NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN

S3

| YOUR SOCIAL SECURITY NUMBER   |                            |   |  |  |  |  |
|---|----------------------------|---|--|--|--|--|
|   |                            |   |  |  |  |  |
| If submitting this return by mail, send to:   | Reason for amen            | Reason for amending:                                    |  |  |  |  |
| New Mexico Taxation and Revenue Department  |                            |   |  |  |  |  |
| P. O. Box 25122<br>Santa Fe, New Mexico 87504-5122  |                            |   |  |  |  |  |
| Attach schedules even if they did not change from the previously filed return   | 1.                         |   |  |  |  |  |
|   |                            | AS PREVIOUSLY FILED                                     | AS AMENDED   |  |  |  |
| 23. The amount on line 22 from page 1   |                            |   |  |  |  |  |
| <ol> <li>Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach I</li> <li>Working families tax credit. (Lines 25 and 25a required or the deduction</li> </ol>                       |                            |   |  |  |  |  |
| 25a. The amount of federal earned income credit (EIC)   |                            | 25  |  |  |  |  |
| 25a reported on your 2015 federal income tax return   | line B Attach BIT CB       | 20  |  |  |  |  |
| 27. New Mexico income tax withheld. Attach annual statements of incor   |                            | 26<br>27  |  |  |  |  |
| 28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-  | •                          |   |  |  |  |  |
|   |                            |   |  |  |  |  |
| <ol> <li>New Mexico income tax withheld from a pass-through entity. Attach 1099-N</li> <li>2015 estimated income tax payments. See PIT-1 instructions</li> </ol>                                    |                            |   |  |  |  |  |
| <ol> <li>Other payments less any refunds from this schedule, line S3, below</li> </ol>  |                            |   |  |  |  |  |
| 32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31   |                            |   |  |  |  |  |
| 33. TAX DUE. If line 23 is greater than line 32, enter the difference here  |                            |   |  |  |  |  |
| 34. Penalty on underpayment of estimated tax. See PIT-1 instructions  |                            | 34  |  |  |  |  |
| 35. Special method allowed for calculation of underpayment of estimated t penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3   |                            |   | l  |  |  |  |
| Attach RPD-41272.   | 5, 4, 01 5 IN the box      | 35.   |  |  |  |  |
| 36. Penalty. See PIT-1 instructions. If you want penalty computed for you, I  | leave blank                | 36  |  |  |  |  |
| 37. Interest. See PIT-1 instructions. If you want interest computed for you,  |                            | <b>a -</b>  |  |  |  |  |
| 38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37  |                            | 38  |  |  |  |  |
| 39. OVERPAYMENT. If line 23 is less than line 32, enter the difference he   | re                         | 39  |  |  |  |  |
| 40. Refund voluntary contributions (PIT-D, line 16). Attach PIT-D   |                            |   |  |  |  |  |
| 41. Amount from line 39 you want applied to your 2016 Estimated Tax   |                            |   |  |  |  |  |
| 42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 47   | 1                          | 42  |  |  |  |  |
| II REFUND EXPRESS         II HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTION OUESTIONS IN THIS BLOCK.   | ONS AND COMPLETE ALL       | REQUIRED: You must answ                                 |  |  |  |  |
|   |                            | WILL THIS REFUND GO TO<br>ACCOUNT LOCATED OUT           | SIDE THE U.S.? If yes, you may<br>ee instructions. |  |  |  |
| RE.1 Routing number:  | Checking Mark X<br>Savings | bice. RE.4 YES NO                                       | ee instructions.                                   |  |  |  |
| RE.2 Account number:  | <u> </u>                   |   |  |  |  |  |
| I declare I have examined this return, including accompanying schedules and statements, and to t<br>my knowledge and belief it is true, correct, and complete. (If filing jointly, BOTH must sign.) | Paid prepare               | er's use only:  |  |  |  |  |
| Your signature Date   | Signature of               | preparer  | Date   |  |  |  |
| Your driver's license or state issued ID no. and issuing state Expiration Date  |                            |   |  |  |  |  |
| ······································  | P.1 Firm's nar             | me (or yours, if self-employed                          | )  |  |  |  |
| Spouse's signature Date   |                            | identification number                                   |  |  |  |  |
|   |                            | • PTIN  |  |  |  |  |
| Spouse's driver's license or state issued ID no. and issuing state Expiration Date  | P.4 FEIN                   |   |  |  |  |  |
|   |                            | s phone number  |  |  |  |  |
| Taxpayer's phone number   |                            | this box if Form RPD-41338 is on<br>PIT-1 instructions. | file for this taxpayer.                            |  |  |  |
| Taxpayer's email address  |                            |   |  |  |  |  |
| Complete this schedule and report the result on line 31, Othe<br>any refunds from schedule below.   | er payments less           | Date  | Amount   |  |  |  |
| S1. 2015 Other payments. List any tax year 2015 payments made befor   | ore or separate from       |   |  |  |  |  |
| the submission of this amended return. Also, enter the date of the payment  |                            |   |  |  |  |  |
| estimated payments reported on line 30 of this form. If you made more   | than four payments,        |   |  |  |  |  |
| attach a schedule showing payment dates and amounts.  |                            | S1a Sum of payments                                     |  |  |  |  |
| S2. 2015 Refunds received. List any refunds received from a previously file   | ed 2015 New Mexico         |   |  |  |  |  |
| PIT-1. Do not include any interest the New Mexico Taxation and Revenue  |                            |   |  |  |  |  |
| any, on your refund.  |                            | S2a Sum of refunds                                      |  |  |  |  |
| S3. Subtract line S2a from line S1a. Subtract the sum of refunds reported   | on line S2a from the su    | m   |  |  |  |  |

of payments reported on line S1a. Enter here and on line 31 of this form. May be a negative number.