New Mexico Taxation and Revenue Department
2016 FID-D
PTW Detail Report For
Fiduciary Income Tax Returns:

Annual Withholding of Net Income From a Pass-Through Entity

File and pay online using the Department's website. Go to www.tax.newmexico.gov and click on Online Services. For help completing this report, follow the instructions, or call (505) 827-0825 in Santa Fe or toll free at (866) 809-2335, option 4.

Check if amended ☐

Page _____ of _____

Name of trust or estate	FEIN	Line 1. Total New Mexico net income
Fiduciary's address - (Number and street) / City / State / Postal/ZIP code		**FOR DEPARTMENT USE ONLY**
If Foreign address, enter Province and/or State / Country		

Tax year if other than the full 2016 calendar year.

Beginning of tax year
MM DD CCYY

Last day of tax year
MM DD CCYY

Due date of the federal fiduciary return.

Original Due Date

Extended Due Date

Withholding Tax Due
Line 3. Total withholding from all supplemental pages .... | 3 |

Payments
Line 4. Tax withheld by the trust or estate, then passed to owners .... | 4 |
      (Reported on your fiduciary income tax return)

Line 5. Withholding tax paid by the trust or estate............................... | 5 |

Line 6. Amended Returns Only. Refunds received............................... | 6 |
      (See instructions)

Line 7. Total tax payments. Subtract line 6 from the sum of lines 4 and 5. .... | 7 |

Amount Due
Line 8. Tax Due. If line 3 is greater than line 7, enter the difference here | 8 |

Line 9. Penalty (see Instructions) .... | 9 |

Line 10. Interest (see Instructions) .... | 10 |

Line 11. Total due .... | 11 |

Overpayment
Line 12. Overpayment. If line 7 is greater than line 3, enter the difference here......................... | 12 |
You must attach Form RPD-41373 to claim a refund of an overpayment.

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 _____ Email address _____

PTW-D

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Name of trust or estate	FEIN	Page _____ of _____
		Do not file RPD-41353 with the Department (see Instructions).

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 On file RPD-41353
Mark if outside the U.S. ☐	Mark one: ☐ FEIN ☐ SSN			☐ YES
Mark if outside the U.S. ☐	Mark one: ☐ FEIN ☐ SSN			☐ YES
Mark if outside the U.S. ☐	Mark one: ☐ FEIN ☐ SSN			☐ YES
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Mark if outside the U.S. ☐	Mark one: ☐ FEIN ☐ SSN			☐ YES

If you need more space, print this 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 barcode on scanning equipment.

Line 2. Total withholding on this page. 2.

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