



# 2018 Fiduciary Pass-Through Entity Withholding Detail (FID-D) Report

File and pay online using the Department's website. Go to [www.tax.newmexico.gov](http://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 1 of \_\_\_\_\_

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

|   |    |      |  |    |      |                   |  |  |
|---|----|------|--|----|------|-------------------|--|--|
| <b>Tax year if other than the full 2018 calendar year.</b><br>Beginning of tax year |    |      | <b>Due date of the federal fiduciary return.</b><br>Last day of tax year |    |      | Original Due Date |  |  |
| MM  | DD | CCYY | MM   | DD | CCYY |                   |  |  |
|   |    |      |  |    |      | Extended Due Date |  |  |

### Withholding Tax

Line 2. Total withholding from column 4 on all supplemental pages..... 2

### Payments

Line 3. Tax withheld by the trust or estate, then passed to owners ..... 3   
 (Reported on your fiduciary income tax return)

Line 4. Withholding tax paid by the trust or estate..... 4

Line 5. Amended Returns Only. Refunds received..... 5   
 (See instructions)

Line 6. Total tax payments. Subtract line 5 from the sum of lines 3 and 4..... 6

### Amount Due

Line 7. Tax Due. If line 2 is greater than line 6, enter the difference here 7

Line 8. Penalty (see Instructions)..... 8

Line 9. Interest (see Instructions)..... 9

Line 10. Total due. Add lines 7, 8 and 9..... 10

### Overpayment

Line 11. Overpayment. If line 6 is greater than line 2, enter the difference here..... 11   
**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 \_\_\_\_\_



# 2018 Fiduciary Pass-Through Entity Withholding Detail (FID-D) Report

## Supplemental Page

|                                |             |
|--------------------------------|-------------|
| <b>Name of trust or estate</b> | <b>FEIN</b> |
|--------------------------------|-------------|

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

Do not file RPD-41353 with the Department (see Instructions).

| <b>Column 1</b><br>Beneficiary's name, street address,<br>city, state, and ZIP code | <b>Column 2</b><br>Beneficiary's<br>SSN or FEIN                         | <b>Column 3</b><br>Beneficiary's share of<br>allocable net income | <b>Column 4</b><br>Beneficiary's share of<br>withholding tax | <b>Col. 5</b><br>Reason Code<br>withholding<br>not required |
|---|---|---|--|---|
| Mark if outside the U.S. <input type="checkbox"/>                                   | Mark one: <input type="checkbox"/> FEIN<br><input type="checkbox"/> SSN |   |  | <input type="checkbox"/>                                    |
| Mark if outside the U.S. <input type="checkbox"/>                                   | Mark one: <input type="checkbox"/> FEIN<br><input type="checkbox"/> SSN |   |  | <input type="checkbox"/>                                    |
| Mark if outside the U.S. <input type="checkbox"/>                                   | Mark one: <input type="checkbox"/> FEIN<br><input type="checkbox"/> SSN |   |  | <input type="checkbox"/>                                    |
| Mark if outside the U.S. <input type="checkbox"/>                                   | Mark one: <input type="checkbox"/> FEIN<br><input type="checkbox"/> SSN |   |  | <input type="checkbox"/>                                    |
| Mark if outside the U.S. <input type="checkbox"/>                                   | Mark one: <input type="checkbox"/> FEIN<br><input type="checkbox"/> SSN |   |  | <input type="checkbox"/>                                    |
| Mark if outside the U.S. <input type="checkbox"/>                                   | Mark one: <input type="checkbox"/> FEIN<br><input type="checkbox"/> SSN |   |  | <input type="checkbox"/>                                    |
| Mark if outside the U.S. <input type="checkbox"/>                                   | Mark one: <input type="checkbox"/> FEIN<br><input type="checkbox"/> SSN |   |  | <input type="checkbox"/>                                    |
| Mark if outside the U.S. <input type="checkbox"/>                                   | Mark one: <input type="checkbox"/> FEIN<br><input type="checkbox"/> SSN |   |  | <input type="checkbox"/>                                    |
| Mark if outside the U.S. <input type="checkbox"/>                                   | Mark one: <input type="checkbox"/> FEIN<br><input type="checkbox"/> SSN |   |  | <input type="checkbox"/>                                    |

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.

**Total withholding  
on this page.**

|  |
|--|
|  |
|--|