2016 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN For the year January 1 - December 31, 2016 or fiscal year beginning _{F.1} ending _{F.2}

If amending use	Form	2016	PIT-X.
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P	rint your name (first, middle, last)		SOCIAL SECURITY NUME	BER	Age 65 Blind or over		dency atus	Taxpayer's date of birth
1a		1b	D		1c 1d	1e		1f
P	rint your spouse's name (first, middle, last). If married filing separately, include spouse.							Spouse's date of birth
2a		2b	D		2c 2d	2e		2f
3a	If the address is new or changed, mark this box.	4	If a deceased taxpayer's refu be made payable to a perso	on othe	er died befo	ore this	5	Taxpayer's date of death 4c
M	ailing Address (Number and street)		than the taxpayer or spouse on this return, enter below th	ne nam	date of c			Spouse's date of death
3b Ci	ty State Postal/ZIP Code		and social security number person. You must also attac					4d
3c	State Postaizir Code		RPD-41083. ↓				1	Residency status: Fortaxpayer
	foreign address, enter country Foreign province and/or state	48						and spouse (1e and 2e), enter:
3d			Name					R if RESIDENT N if NON-RESIDENT
느는	EXEMPTIONS. Number of Qualified Exemptions.	4	b SSN					F if FIRST-YEAR RES.
5.	If you are a dependent of another taxpayer, enter 00.	L						P if PART-YEAR RES.
	EXTENSION OF TIME TO FILE.							
6a	If you have a federal or state extension, mark the box and enter the extension date.				7. FILING	STA	TUS.	Mark only one box.
	8. DEPENDENTS. As listed on your federal return	n.			(1) Single			
	(You must report the first 5 dependents in this table and additional dependents on Column 1 Column 2	Scl	hedule PIT-S.) Column 3		(2) Married			-
Fi		Dat	te of birth (MM/DD/CCYY)	l	(3) Married and social sec	d filing urity nu	g sepa umber ir	arately (Enter spouse's name n 2a and 2b.)
					(4) Head o	of hou	isehol	d (Enter name of person
\vdash								usehold if that person is not ption on your federal return.)
					(4a)		,	
					(5) Qualify	ing w	/idow((er) with dependent child
	· · · · · · · · ·							
9.	FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, or Form 1040EZ, line 4)	, lir	ne 38; Form 1040A, lin	ne 22	.,		9	
g	a. If line 9 is negative, enter any federal net operating loss incurred		9a					
10.	If you itemized your federal deduction amount, enter the amount of s claimed on federal Form 1040, Schedule A, line 5. See the workshee			tion .		+	10	
11.	Total Additions to federal adjusted gross income (PIT-ADJ, line 5). A					+	11	
12.	2. Federal standard or itemized deduction amount (from federal Form 1040, line 40; Form 1040A, line 24; or						12	
1	2a. If you itemized, mark the box							
						13		
14.	New Mexico low- and middle-income tax exemption. See PIT-1 instru	uct	tions			-	14	
15.	Total Deductions and Exemptions from federal income (PIT-ADJ, line	e 2	22). Attach PIT-ADJ			-	15	
	Medical care expense deduction. See PIT-1 instructions You must complete both lines 16 and 16a or the deduction will be denied. 6a. Unreimbursed and uncompensated medical care expenses					-	16	
	NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then sul			and	16	=	17	
10	Cannot be less than zero.						18	
	New Mexico tax on amount on line 17 or from PIT-B, line 14				18a 🗌		10	
					19			
					20			
20.	Credit for taxes paid to another state. You must have been a New Me part of the year. Include a copy of other state's return . See PIT-1			or		-		
21.					21			
	NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtra	act	lines 20 and 21. Cann	ot be	eless	_		
	than zero					=	22	

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is May 1, 2017. All others must file by April 18, 2017. See PIT-1 instructions for details.

Continue on the next page.

2016 PIT-1 (page 2) NEW MEXICO PERSON

2016 PIT-1 (page 2) NEW MEXICO PERSON		URN		
YOUR SOCIAL SECURITY NU	JMBER			
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Do not submit a photocopy of to the Department. Submit or forms and keep a copy for you	nly original		THIS BOX IS INTENTIONALL	Y LEFT BLANK
If submitting this return by mail New Mexico Taxation and Reve P. O. Box 25122 Santa Fe, New Mexico 87504-	enue Department			
23. The amount on line 22 fro	m page 1			23
24. Total claimed on rebate a	nd credit schedule (PIT-RC,	line 25). Attach PIT-R	C	24
25. Working families tax credit	t. (You must complete both lir	nes 25 and 25a or the d	eduction will be denied.)	+ 25
25a. The amount of federal reported on your 2016	earned income credit (EIC) federal income tax return	25a		
		,	B. Attach PIT-CR	
			d withholding	
	0 1		isc or RPD-41285 isc or RPD-41359	
		•		
32. TOTAL PAYMENTS AND	CREDITS. Add lines 24 thro	ough 31		= 32
33. TAX DUE. If line 23 is gre	eater than line 32, enter the	difference here		33
24 Depaitu on underneument	t of optimated toy. If you wan	t populate computed for	you loovo blonk	
	-		you, leave blank	+ 34
 Special method allowed for underpayment of estimate 			Alty. If you owe penalty on x. Attach RPD-41272	35.
36. Penalty. See PIT-1 instruc	ctions. If you want penalty co	mputed for you, leave l	blank	+ 36
37. Interest. See PIT-1 instruc	ctions. If you want interest cc	mputed for you, leave	blank	+ 37
38. TAX, PENALTY, AND IN	-			= 38
				39
40. Refund voluntary contribut	itions (PIT-D, line 16). Attacl	h PIT-D		- 40
41 Amount from line 39 you y	want applied to your 2017 F	stimated Tax		- 41
42. AMOUNT TO BE REFUN	IDED TO YOU. Line 39 minu	s lines 40 and 41		= 42
Image: Provide the second system RE.1 Routing number: RE.2 Account number:	II HAVE IT DIRECTLY DEPOSITED QUESTIONS IN THIS BLOCK. I I I I I I I I		oose one. WILL THIS REFUNI LOCATED OUTSID	ust answer this question. D GO TO OR THROUGH AN ACCOUNT E THE UNITED STATES? If yes, you may livery option. See instructions. NO
I declare I have examined this ments, and to the best of my kr			Paid preparer's use only:	
Your signature		Date	Signature of preparer	Date
REQUIRED: DRIVER'S LICENSE, STA	TE ID No. or "NONE" .State	Expiration Date		
LEGOILED. DIVELLO LICENSE, STA	State		P.1 Firm's name (or yours, if self-e	amployed)
Spouse's signature	1	Date	P.1 Firm's name (or yours, it sen-e	
			P.3 Preparer's PTIN	
REQUIRED: SPOUSE'S DRIVER'S LICE	NSE, STATE ID No. or "NONE" State	Expiration Date	P.4 FEIN	
			P.5 Preparer's phone number	
(If filing jointly, BOTH must sig	in even it only one had incom	1e.)	Mark this box if Form RI	
Taxpayer's phone number			P.6 for this taxpayer. See PI	T-1 instructions.

Taxpayer's email address