2017 PIT-X NEW MEXICO PERSONAL INCOME TAX

AMENDED RETURN For the year January 1 - December 31, 2017 or fiscal year beginning _{E.1} ending _{E.2}



Print your name (first, middle, last) 1a			SOCIAL SECURITY NUM	Age 65 Residency BER Blind or over status	Taxpayer's date of birth
Print your spouse's name (first, middle, last). If married filing separately, include spouse. 2a			2b	2c 2d 2e	Spouse's date of birth
3a If the address is new or changed, mark this	s box.				
Mailing Address (Number and street)			4. If a deceased taxpayer's refund must be made payable to a person other died before this 4c		
3b			than the taxpayer or spouse named on this return, enter below the name on this return, enter below the name of date of death. → Spouse's date of death		
City 3c	State	Postal/ZIP Code	and social security number person. You must also atta	er of that	4d
If foreign address, enter country	Foreign	province and/or state	— RPD-41083. ↓ 4a		Residency status: Fortaxpayer and spouse (1e and 2e), enter:
3d			Name		R if RESIDENT
5. EXEMPTIONS. Number of Qualified Exemptions. If you are a dependent of another taxpayer, enter 00.			4b		N if NON-RESIDENT F if FIRST-YEAR RES.
EXTENSION OF TIME TO FIL		ayon, onto: oo.	SSN		P if PART-YEAR RES.
6a If you have a federal or state 6				7 FILING STATUS	. Mark only one box.
mark the box and enter the ex		on your federal ret	urn	(1) Single	. mark only one box.
(You must report the first 5 depend				(2) Married filing join	itly
Column 1 First name Last name		Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)	(3) Married filing sep and social security number i	parately (Enter spouse's name in 2a and 2b.)
				(4) Head of househo	ld (Enter name of person
					ousehold if that person is not option on your federal return.)
				(4a)	, , ,
				(5) Qualifying widow	(er) with dependent child
9. FEDERAL ADJUSTED GROSS II				AS PREVIOUSLY FILED	AS AMENDED
line 22; or Form 1040EZ, line 4.).				9	
10. If you itemized your federal deduc	tion amount	antar the amount o	f state and lead toy		
 If you itemized your federal deduction claimed on federal Forr 				10	
					'
11. Total Additions to federal income ((PIT-ADJ, line	5). Attach PIT-AD	J	11	
12. Federal standard or itemized deduction amount (from federal Form			n 1040, line 40;		
Form 1040A, line 24; or Form 104	40EZ, line 5.)			12	
12a. If you itemized , mark the box.					
 Federal exemption amount (from federal Form 1040, line 42; Form or if you filed Form 1040EZ, leave blank) 			m 1040A, line 26;	13	
14. New Mexico low- and middle-inc				14	
AF. Total Dadustians and Forest fores	f fll	in a constant	tra 00) Attack BIT AB I	15	1
 Total Deductions and Exemptions Medical care expense deduction 		,	,	16	
 Medical care expense deduction. (You must complete both lines 16 and 16a or 			[10]		
16a. Unreimbursed and uncompensa	ated medical of				
17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12,			2, 13, 14, 15 and 16	17	
18. New Mexico tax amount on line 1			18		
18a. From Rate Table = R . From PIT-B, line 14 = B					
19. Additional amount for tax on lump				19	
 Credit for taxes paid to another state. You must have been a New M all or part of the year. Include a copy of other state's return. See I 				20	
21. Business-related income tax credi				21	
21. Business-related income tax creditation. 22. NET NEW MEXICO INCOME TAX				22	
NET HER MEXICO HOUME IA		o and 10, mon sub		-	nue on the next page.

2017 PIT-X (page 2) NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN

YOUR SOCIAL SECURITY NUMBER	
New Mexico Taxation and Revenue Department P. O. Box 25122	g:
Santa Fe, New Mexico 87504-5122 Attach schedules even if they did not change from the previously filed return.	AS PREVIOUSLY FILED AS AMENDED
24. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC	23
Attach RPD-41272. 36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank	REQUIRED: You must answer this question. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE U.S.? If yes, you may
Spouse's signature REQUIRED: SPOUSE'S DRIVER'S LICENSE, STATE ID no. or "NONE" Taxpayer's phone number Taxpayer's email address Taxpayer's email address Date P.2 NM CRS idee P.3 Preparer's P' P.4 FEIN P.5 Preparer's phone number Mark this See PIT-	
Complete this schedule and report the result on line 31, Other payments less any refunds from schedule below. S1. 2017 Other payments. List any tax year 2017 payments made before or separate from the submission of this amended return. Also, enter the date of the payment. Do not include any estimated payments reported on line 30 of this form. If you made more than four payments, attach a schedule showing payment dates and amounts. S2. 2017 Refunds received. List any refunds received from a previously filed 2017 New Mexico PIT-1. Do not include any interest the New Mexico Taxation and Revenue Department paid, if	Date Amount S1a Sum of payments

S3. Subtract line **S2a** from line **S1a**. Subtract the sum of refunds reported on line S2a from the sum of payments reported on line S1a. Enter here and on line 31 of this form. May be a negative number.

any, on your refund.

S3

S2a Sum of refunds