2014 PIT-X NEW MEXICO PERSONAL INCOME TAX

AMENDED RETURN For the year January 1 - December 31, 2014

or fiscal year beginning _{F.1} ending _{F.2}



Pri	nt your name (first, middle, last)		SOCIAL SECURITY NUI	Age 65 Residency MBER Blind or over status	Taxpayer's date of birth
1a			1b	1c 1d 1e	1f
Pri	nt your spouse's name (first, middle, last). If married filing	g separately, include spouse.			Spouse's date of birth
2a			2b	2c 2d 2e	2f
3a	If the address is new or changed, mark this box.		If a deceased taxpayer's rebe made payable to a pe	rson other died before this	Taxpayer's date of death 4c
3b M	ailing address		than the taxpayer or spou on this return, enter belov and social security numl person. You must also at	vthe name date of death. → ber of that	Spouse's date of death
С	ty, state, and ZIP code		RPD-41083. ↓ Name	iduli Fullii	Residency status: Fortaxpayer and spouse (1e and 2e), enter:
5.	EXEMPTIONS. Number of Qual If you are a dependent of another	•	4b SSN		R if RESIDENT N if NON-RESIDENT F if FIRST-YEAR RES.
62	EXTENSION OF TIME TO FILE.		0011		P if PART-YEAR RES.
ou	If you have a federal or state extensio mark the box and enter the extension	· ·		7. FILING STATUS	. Mark only one box.
	8. DEPENDENTS. As li		turn.	(1) Single	•
	(You must report the first 5 dependents in this			(2) Married filing join	tly
Fir	Column 1 st 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.)
					busehold if that person is not
				counted as a qualified exem	nption on your federal return.)
					(er) with dependent child
9.	FEDERAL ADJUSTED GROSS INCOME line 22; or Form 1040EZ, line 4.)			AS PREVIOUSLY FILED	AS AMENDED
9	a. Enter any federal net operating loss inc	urred 9a			
10.	If you itemized your federal deduction ame	ount, enter the amount o	f state and local tax	· -	_
	deduction claimed on federal Form 1040,	Schedule A, line 5. See	the instructions	10	
		=> === .=		[]	1
	Total Additions to federal income (PIT-AD.	,		11	
	Federal standard or itemized deduction as Form 1040A, line 24; or Form 1040EZ, line 24; or Form	ne 5.)		12	
12	a. If you itemized , mark the box		12a 📙		
13.	Federal exemption amount (from federal or if you filed Form 1040EZ, leave blank)	Form 1040 line 42: Form			
14.	· · · , · · · · · · · · · · · · · · · · · · ·				
	New Mexico low- and middle-income tax			13 14	
15.		exemption. See PIT-1 ir	nstructions	14	
	New Mexico low- and middle-income tax	exemption. See PIT-1 independent of the complex control of the control	nstructionsinstructions	14	
16.	New Mexico low- and middle-income tax Total Deductions and Exemptions from fee Medical care expense deduction. See PIT	exemption. See PIT-1 ir deral income (PIT-ADJ, li '-1 instructions tion will be denied.)	nstructionsine 22). Attach PIT-ADJ	14	
16. 16	New Mexico low- and middle-income tax Total Deductions and Exemptions from fee Medical care expense deduction. See PIT (You must complete both lines 16 and 16a or the deduction).	exemption. See PIT-1 inderal income (PIT-ADJ, lift-1 instructionstion will be denied.)	ine 22). Attach PIT-ADJ	14 15 16	
16. 16 17. 18.	New Mexico low- and middle-income tax Total Deductions and Exemptions from fee Medical care expense deduction. See PIT (You must complete both lines 16 and 16a or the deduction. The Mexico Taxable Income. Add lines New Mexico tax amount on line 17 or from	exemption. See PIT-1 inderal income (PIT-ADJ, lift-1 instructionstion will be denied.) dical care expenses. 16a 9, 10 and 11, then subtract lines 12	nstructionsine 22). Attach PIT-ADJ	14 15 16	
16. 16. 17. 18.	New Mexico low- and middle-income tax Total Deductions and Exemptions from fee Medical care expense deduction. See PIT (You must complete both lines 16 and 16a or the deduction. Unreimbursed and uncompensated medical. Unreimbursed and uncompensated medical New Mexico Taxable Income. Add lines New Mexico tax amount on line 17 or from a. From Rate Table = R. From PIT-B, line 1	exemption. See PIT-1 in deral income (PIT-ADJ, life-1 instructions	nstructionsine 22). Attach PIT-ADJ	14 15 16 17 18	
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16. 17. 18. 18. 19.	Total Deductions and Exemptions from feed Medical care expense deduction. See PIT (You must complete both lines 16 and 16a or the deduction. Unreimbursed and uncompensated medical New MEXICO TAXABLE INCOME. Add lines New Mexico tax amount on line 17 or from tax. From Rate Table = R. From PIT-B, line 1 Additional amount for tax on lump-sum distribution of taxes and the year. Include a copy of the second services of the year. Include a copy of the year.	exemption. See PIT-1 in deral income (PIT-ADJ, lical instructions	nstructions	14	
16. 17. 18. 18. 19. 20.	New Mexico low- and middle-income tax Total Deductions and Exemptions from fer Medical care expense deduction. See PIT (You must complete both lines 16 and 16a or the deduction. Unreimbursed and uncompensated medical. NEW MEXICO TAXABLE INCOME. Add lines New Mexico tax amount on line 17 or from Italian. From Rate Table = R. From PIT-B, line 1 Additional amount for tax on lump-sum dis Credit for taxes paid to another state. You	exemption. See PIT-1 in deral income (PIT-ADJ, lift-1 instructions	nstructions	14	

2014 PIT-X (page 2) NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN

Spouse's signature

Taxpayer's phone number ___

(If filing jointly, BOTH must sign even if only one had income.)

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P.1 Firm's name (or yours, if self-employed)

P.2 NM CRS identification number _____

P.3 Preparer's PTIN _____

YO	UR SOCIAL SECURITY NUMBER				
Nev P. C	ubmitting this return by mail, send to: v Mexico Taxation and Revenue Department b. Box 25122 ta Fe, New Mexico 87504-5122	Reason for amen	ding:_		
Atta	ch schedules even if they did not change from the previously filed return.		_AS	S PREVIOUSLY FILED	AS AMENDED
23.	The amount on line 22 from page 1		23		
24.	Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-R	c	24		
	Working families tax credit. (Lines 25 and 25a required or the deduction will 5a. The amount of federal earned income credit (EIC) reported on your 2014 federal income tax return	be denied.)	25		
26.		B. Attach PIT-CR	26		
27.	New Mexico income tax withheld. Attach annual statements of income are	nd withholding	27		
28.	New Mexico income tax withheld from oil and gas proceeds. Attach 1099-MISC of	or RPD-41285	28		
29.	New Mexico income tax withheld from a pass-through entity. Attach 1099-MISC or	r RPD-41359	29		
30.	· · · · · · · · · · · · · · · · · · ·		30		
	Other payments less any refunds from this schedule, line S3, below		31		
32.	TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31		32		
33.	TAX DUE. If line 23 is greater than line 32, enter the difference here		33		
34.	Penalty on underpayment of estimated tax. See PIT-1 instructions		34		
35.	Special method allowed for calculation of underpayment of estimated tax perpendity on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, 6. Attach RPD-41272.		35.		
36.	Penalty. See PIT-1 instructions. If you want penalty computed for you, leave	blank	36		
37.	Interest. See PIT-1 instructions. If you want interest computed for you, leave		37		
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 here		39		
40.	Refund voluntary contributions (PIT-D, line 14). Attach PIT-D		40		
41.	Amount from line 39 you want applied to your 2015 Estimated Tax		41		
42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41		42		
RE.1	· · · · · · · · · · · · · · · · · · ·	Choose one. ecking Mark X lyour cho		REQUIRED: You must answer WILL THIS REFUND GO TO O ACCOUNT LOCATED OUTSI not use this refund delivery option. See RE.4 YES NO	OR THROUGH AN
	clare I have examined this return, including accompanying schedules and statements, and to the best convoledge and belief it is true, correct, and complete.	Paid prepare	er's u	ise only:	
You	ur signature Date	Signature of	prepa	arer	Date

axpayer's email address	P.5 Preparer's P.6 Mark th	phone number this box if Form RPD-41338 is on file for this taxpayer.								
NM Identity Protection PIN	IT-1 instructions.									
Complete this schedule and report the result on line 31, Other payme any refunds from schedule below.	ents less	Date	Amount							
S1. 2014 Other payments. List any tax year 2014 payments made before or septhe submission of this amended return. Also, enter the date of the payment. Do not i estimated payments reported on line 30 of this form. If you made more than four										
attach a schedule showing payment dates and amounts.		S1a Sum of payments								
S2. 2014 Refunds received. List any refunds received from a previously filed 2014 N	lew Mexico									
PIT-1. Do not include any interest the New Mexico Taxation and Revenue Departm										
any, on your refund.	S2a Sum of refunds									
S3. Subtract line S2a from line S1a. Subtract the sum of refunds reported on line S2	2a from the sum	າ								
of payments reported on line S1a. Enter here and on line 31 of this form. May be a new	: S3									

Date