2016 PIT-X NEW MEXICO PERSONAL INCOME TAX

AMENDED RETURN For the year January 1 - December 31, 2016

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



Print your name (first, middle, last) 1a		Age 65 Residency SOCIAL SECURITY NUMBER Blind or over status Taxpayer's date of birth
Print your spouse's name (first, middle, last). If married filing separately, include spouse.		2bSpouse's date of birth
2a If the address is new or changed, mark this box.		2c 2d 2e 2f
3a III the address is new or changed, mark this box.		
Mailing Address (Number and street)		4. If a deceased taxpayer's refund must If taxpayer or spouse Taxpayer's date of death be made payable to a person other died before this 4c
3b		than the taxpayer or spouse named return is filed, enter
City	State Postal/ZIP Code	and social security number of that
30		person. You must also attach Form RPD-41083. ↓
If foreign address, enter country	Foreign province and/or state	4a Residency status: Fortaxpayer and spouse (1e and 2e), enter:
5. EXEMPTIONS. Number of Qu	alified Examplians	Name R if RESIDENT
If you are a dependent of anot		4b N if NON-RESIDENT F if FIRST-YEAR RES.
EXTENSION OF TIME TO FILE.	1 7 7	SSN P if PART-YEAR RES.
6a If you have a federal or state extens	•	7. FILING STATUS. Mark only one box.
mark the box and enter the extension	on date. 6b L listed on your federal re	
(You must report the first 5 dependents in	this table and additional dependent	ts on Schedule PIT-S.) (2) Married filing jointly
Column 1 First name Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY) (3) Married filing separately (Enter spouse's name
		and social security number in 2a and 2b.)
		(4) Head of household (Enter name of person qualifying you as head of household if that person is not
		counted as a qualified exemption on your federal return.)
		(4a)
		(5) Qualifying widow(er) with dependent child
9. FEDERAL ADJUSTED GROSS INCOM		
line 22; or Form 1040EZ, line 4.) 9a. Enter any federal net operating loss in		
		<u></u>
 If you itemized your federal deduction a deduction claimed on federal Form 104 		
11. Total Additions to federal income (PIT-A	DJ, line 5). Attach PIT-AL	DJ
12. Federal standard or itemized deduction Form 1040A, line 24; or Form 1040EZ,		
12a. If you itemized , mark the box		12a
13. Federal exemption amount (from feder or if you filed Form 1040EZ, leave blar	al Form 1040, line 42; For	rm 1040A, line 26;
14. New Mexico low- and middle-income t		
15. Total Deductions and Exemptions from	federal income (PIT-ADJ,	′
16. Medical care expense deduction. See F (You must complete both lines 16 and 16a or the det		
16a. Unreimbursed and uncompensated n	·	a
17. NEW MEXICO TAXABLE INCOME. Add lin	_	
18. New Mexico tax amount on line 17 or fr		
18a. From Rate Table = R. From PIT-B, line	e 14 = B.	18a18a
19. Additional amount for tax on lump-sum		
20. Credit for taxes paid to another state. Y all or part of the year. Include a copy of		
21. Business-related income tax credits app		
22 NET NEW MEXICO INCOME TAX Add		

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any, on your refund.

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.

S2a Sum of refunds

S3

YOUR SOCIAL SECURITY NUMBER			
If submitting this return by mail, send to: New Mexico Taxation and Revenue Department P. O. Box 25122	Reason for amending:		
Santa Fe, New Mexico 87504-5122 Attach schedules even if they did not change from the previously filed return.		AŞ PREVIOUSLY FILED	AS AMENDED
 23. The amount on line 22 from page 1	RC	23 24 25	
25a reported on your 2016 federal income tax return	and withholding	26 27 28	
 New Mexico income tax withheld from a pass-through entity. Attach 1099-MISC 2016 estimated income tax payments. See PIT-1 instructions		29 30 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 and you qualify, enter 1, 2, 3, 4, Attach RPD-41272. 36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leav	or 5 in the box	35.	I
37. Interest. See PIT-1 instructions. If you want interest computed for you, leav 38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37	ve blank	37 38	
 39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here 40. Refund voluntary contributions (PIT-D, line 16). Attach PIT-D		39 40 41	
	AND COMPLETE ALL	REQUIRED: You must ans WILL THIS REFUND GO ACCOUNT LOCATED OU not use this refund delivery option. RE.4 YES NO	TO OR THROUGH AN ITSIDE THE U.S.? If yes, you may See instructions.
I declare I have examined this return, including accompanying schedules and statements, and to the being knowledge and belief it is true, correct, and complete. (If filing jointly, BOTH must sign.) Your signature Date		er's use only:	Date
REQUIRED: DRIVER'S LICENSE, STATE ID no. or "NONE" State Expiration Date Spouse's signature Date	P.1 Firm's name (or yours, if self-employed) P.2 NM CRS identification number		
REQUIRED: SPOUSE'S DRIVER'S LICENSE, STATE ID no. or "NONE" State Expiration Date Taxpayer's phone number	P.3 Preparer's PTIN		
Complete this schedule and report the result on line 31, Other p		Date	Amount
any refunds from schedule below. S1. 2016 Other payments. List any tax year 2016 payments made before of the submission of this amended return. Also, enter the date of the payment. Do estimated payments reported on line 30 of this form. If you made more than attach a schedule showing payment dates and amounts.	o not include any	S1a Sum of payments	
S2. 2016 Refunds received. List any refunds received from a previously filed 20 PIT-1. Do not include any interest the New Mexico Taxation and Revenue De		ora ourn or payments	