2017 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN For the year January 1 - December 31, 2017

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

If amending use Form 2017 PIT-X.



| 1a | int your name (first, middle, last) | | 1b | SOCIAL SECURITY NUMB | ER Blin | Age 65 d or over | Residen status | |
|--|--|--------------------------|----------|--|------------------|---------------------|-------------------|---|
| Pr 2a | int your spouse's name (first, middle, last). If married filing separ | ately, include spouse. | 2b | | 2c | 2d | 2e | Spouse's date of birth |
| 3a Ma | | | | 4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse a maded to specific than the taxpayer or spouse a maded to the taxpayer or spouse a made to the taxpayer or spouse and t | | | | 4c |
| 3b Cit | | Postal/ZIP Code | | on this return, enter below the and social security number person. You must also attack RPD-41083. | ename of that | date of d | leath. → | Spouse's date of death 4d Residency status: Fortaxpayer |
| | EXEMPTIONS. Number of Qualified Exify you are a dependent of another taxparents. | cemptions. | 4a 4b | Name | | | | and spouse (1e and 2e), enter: R if RESIDENT N if NON-RESIDENT F if FIRST-YEAR RES. P if PART-YEAR RES. |
| 6a | If you have a federal or state extension, mark the box and enter the extension date. 8. DEPENDENTS. As listed of | 6b on your federal retur | n. | odulo DIT S) | (1) | Single | | S. Mark only one box. |
| Fi | (You must report the first 5 dependents in this table : Column 1 st name Last name | Column 2 | | Column 3 of birth (MM/DD/CCYY) | | | d filing s | eparately (Enter spouse's name er in 2a and 2b.) |
| | | | | | qual | lifying you | as head of | hold (Enter name of person household if that person is not emption on your federal return.) |
| | | | | | (5) | Qualify | ing wido | ow(er) with dependent child |
| 9. | FEDERAL ADJUSTED GROSS INCOME. (from Form 1040EZ, line 4) | om federal Form 1040 |), line | e 38; Form 1040A, lin | e 22 | | | 9 |
| 10. | If you itemized your federal deduction amount, federal Form 1040, Schedule A, line 5. See the | | | | | | + 1 | 0 |
| 11. | Total Additions to federal adjusted gross incon | | | | | | | 1 |
| 12. | 12. Federal standard or itemized deduction amount (from federal Form 1040, line 40; Form 1040A, line 24; or Form 1040EZ, line 5) | | | | | | 2 | |
| | 2a. If you itemized, mark the box | | | | | | | - |
| 13. | Federal exemption amount (from federal Form filed Form 1040EZ, leave blank) | 1040, line 42; Form 1 | 040 | A, line 26; or if you | | | - 1 | 3 |
| 14. | 14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions | | | | | | - 1 | 4 |
| 15. | 15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attac | | |). Attach PIT-ADJ | | | - 1 | 5 |
| 16. | Medical care expense deduction. See PIT-1 ins You must complete both lines 16 and 16a or the deduction wi | | | | | | - [1 | 6 |
| 10 | 6a. Unreimbursed and uncompensated medical | care expenses | | · 16a | | | | |
| 17. | NEW MEXICO TAXABLE INCOME. Add lines Cannot be less than zero. | 9, 10 and 11, then su | btra | | and 16 | <u> </u> | = [1 | 7 |
| 18. | New Mexico tax on amount on line 17 or from F | PIT-B, line 14 | | | | | 1 | 8 |
| 18a. From Rate Table = R . From PIT-B, line 14 = B . | | | | | 188 | а 📙 | | _ · |
| 19. | Additional amount for tax on lump-sum distribu | itions. See PIT-1 instr | uctio | ons | | | + 1 | 9 |
| 20. | Credit for taxes paid to another state. You must not the year Include a copy of other state | | | • | | | - 2 | 0 |
| 21. | part of the year. Include a copy of other state's return. See PIT-1 instructions | | | | | - | 11 | |
| | NET NEW MEXICO INCOME TAX. Add lines | 18 and 19, then subtra | act li | nes 20 and 21. Canno | ot be less | S | _ | .T |
| | than zero | | | | | | = [2 | 2 |

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is April 30, 2018. All others must file by April 17, 2018. See PIT-1 instructions for details.

Continue on the next page.

2017 PIT-1 (page 2) NEW MEXICO PERSONAL INCOME TAX RETURN

YOUR SOCIAL SECURITY NUMBER

Do not submit a **photocopy** of this form to the Department. Submit only original forms and keep a copy for your records.

If submitting this return by mail, send to:

| THIS BOX | IS INTENTIONAL | LY LEFT BLANK |
|----------|----------------|---------------|
|----------|----------------|---------------|

| New Mexico Taxation and Revenue Department P. O. Box 25122 | | | | | | | | |
|--|----------------------------|--|--|--|--|--|--|--|
| Santa Fe, New Mexico 87504-5122 | | | | | | | | |
| | | | | | | | | |
| 23. The amount on line 22 from page 1 | | | | | | | | |
| 24. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC . | | | | | | | | |
| 25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.) + 25 | | | | | | | | |
| 25a. The amount of federal earned income credit (EIC) reported on your 2017 federal income tax return | | | | | | | | |
| 26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR + 26 | | | | | | | | |
| . New Mexico income tax withheld. Attach annual statements of income and withholding + 27 | | | | | | | | |
| New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285 + 28 | | | | | | | | |
| 29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359 | | | | | | | | |
| 30. 2017 estimated income tax payments. See PIT-1 instructions | | | | | | | | |
| 31. Other Payments | | | | | | | | |
| 32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31 | | | | | | | | |
| 33. TAX DUE. If line 23 is greater than line 32, enter the difference here. | - | | | | | | | |
| 34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank | - | | | | | | | |
| 35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on | - | | | | | | | |
| underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272 35. | | | | | | | | |
| | | | | | | | | |
| 36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank | | | | | | | | |
| 37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank | \dashv | | | | | | | |
| 38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37 | | | | | | | | |
| 36. TAX, FENALIT, AND INTEREST DUE. Add lifes 33, 34, 30, and 37 | = | | | | | | | |
| 39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here | | | | | | | | |
| 40. Refund voluntary contributions (PIT-D, line 17). Attach PIT-D | | | | | | | | |
| | | | | | | | | |
| 41. Amount from line 39 you want applied to your 2018 Estimated Tax 41 | | | | | | | | |
| 42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41 | | | | | | | | |
| The state of the s | | | | | | | | |
| QUESTIONS IN THIS BLOCK. — Change and WILL THIS REFUND GO TO OR THROUGH AN AC | | | | | | | | |
| RE.3 Type: Mark X by LOCATED OUTSIDE THE UNITED STATES? If yes | you may | | | | | | | |
| RE.2 Account number: | | | | | | | | |
| | | | | | | | | |
| I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. | | | | | | | | |
| Your signature Date Signature of preparer Date | | | | | | | | |
| | | | | | | | | |
| REQUIRED: DRIVER'S LICENSE, STATE ID No. or "NONE" State Expiration Date | | | | | | | | |
| P.1 Firm's name (or yours, if self-employed) | | | | | | | | |
| Spouse's signature P.2 NM CRS identification number | —— I | | | | | | | |
| P.3 Preparer's PTIN | | | | | | | | |
| P.4 FEIN | | | | | | | | |
| (If filing jointly, BOTH must sign even if only one had income.) | P5 Preparer's phone number | | | | | | | |
| I — Mark this box it Form RPD-41338 is on tile | | | | | | | | |
| Taxpayer's phone number Taxpayer's email address Taxpayer's email address | | | | | | | | |
| | | | | | | | | |