Using your own envelope, mail payment and voucher to: New Mexico Taxation and Revenue Department P.O. Box 8390, Santa Fe, NM 87504-8390

00 "	AMOUNT ENCLOSED	Make your check or money order payable to: New Mexico Taxation and Revenue Department		
ID ZIP CODE	CITY, STATE AN		ADDRESS (Number & Street)	
SPOUSE'S SOCIAL SECURITY NUMBER	EAST NAME	SPOUSE'S FIRST NAME AND INITIAL		
YOUR SOCIAL SECURITY NUMBER	EAST NAME	YOUR FIRST MAME AND INITIAL		
(21 NAL) HT4 (21 92) GF		(21 A9A) T21 🔲	Тах Үеаг	
enter last day of tax year mm/dd/ccyy	ndicate the tax year and the quarter for the tax year to which the payment is to be applied:			
If Fiscal-year,	come Tax Payment Voucher	stimated Personal Inc	PIT-ES New Mexico E	
	E CUTALONG DOTTED LINE)	SA319) ————————		
SUBMIT ONLY HIGH-QUALITY PRINTED, ORIGINAL FORMS TO THE DEPARTMENT.				
Do not photocopy. Do not cut or resize the bottom portion of the voucher in any way. When printing the				
document from the Internet, the printer setting, "Page scaling" should be set to 'none' to prevent resizing.				
Filing Checklist				
☐ Ensure that you indicate the correct tax year to which you wish to make an estimated payment.				
Are name(s) and address complete, correct and legible?				
☐ Are social security number(s) legible?				
☐ Are social security number(s), "PIT-ES", and the correct tax year written on your check? ☐ Did you indicate the correct quarter to which the payment is to be applied?				
Did you mail your PIT-ES and check to the address shown on the attached Form PIT-ES?				
Did you sign and include your check?				
☐ Are you using the correct form? This	form is for taxpayers who wish to make			
for a return filed, use the PIT-PV vouc	her. If you are making an extension pay	ment, use the PIT-EXT voucl	ner.	
	(PLEASE_CUT ALONG DOTTE	D LINE)		
PIT-ES New Mexico Estimated Personal Income Tax Payment Voucher If Fiscal-year, enter last day				
Indicate the tax year and the quarter for the ta	x year to which the payment is to be		f tax year mm/dd/ccyy	
Tax Year ☐ 1ST (APR 15) 2ND (JUN 15)	☐3RD (SEP 15)	☐4TH (JAN 15)	
YOUR FIRST NAME AND INITIAL	LAST NAME	YOUR SO	OCIAL SECURITY NUMBER	
SPOUSE'S FIRST NAME AND INITIAL	LAST NAME	SPOUSE	'S SOCIAL SECURITY NUMBER	
ADDRESS (Number & Street)	(CITY, STATE AND ZIP CODE		
Make your check or money order payab New Mexico Taxation and Revenue Depa		CLOSED ,	, 00	

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