## **2014 PIT-X** NEW MEXICO PERSONAL INCOME TAX

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

or fiscal year beginning <sub>F.1</sub> ending <sub>F.2</sub>



Pri	nt your name (first, middle, last)		SOCIAL SECURITY NU	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	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 period.	erson other died before this	Taxpayer's date of death 4c
3b M	ailing address		than the taxpayer or spot on this return, enter <b>belov</b> and social security num	w the name date of death. → ber of that	Spouse's date of death
С	ty, state, and ZIP code		person. You must also at RPD-41083. ↓	uadii Foiiii	Residency status: Fortaxpayer and spouse (1e and 2e), enter:
5.	<b>EXEMPTIONS.</b> Number of Qualif you are a dependent of another	•	Name 4b SSN		R if RESIDENT N if NON-RESIDENT F if FIRST-YEAR RES.
62	EXTENSION OF TIME TO FILE.		OON		<b>P</b> if PART-YEAR RES.
ua	If you have a federal or state extension mark the box and enter the extension	, i		7. FILING STATUS	. Mark only one box.
	8. <b>DEPENDENTS.</b> As lis		turn.	(1) Single	•
	(You must report the first 5 dependents in this			(2) Married filing join	ntly
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.)
					ousehold if that person is not
				counted as a qualified exem (4a)	nption on your federal return.)
				I I '	(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 amo			·	1
	deduction claimed on federal Form 1040,	Schedule A, line 5. See t	the instructions	10	
11	Total Additions to federal income (PIT-AD	L line E) Attach DIT AD	.1	. 11	
	•	,		. [11]	
12.	Federal standard or itemized deduction ar Form 1040A, line 24; or Form 1040EZ, lir			. 12	
12	a. If you <b>itemized</b> , mark the box		12a		
13.	Federal exemption amount (from federal or if you filed Form 1040EZ, leave blank)			. 13	1
14.	New Mexico low- and middle-income tax				
		exemption. See PIT-1 in	nstructions	14	
1 =	Total Deductions and Evernations from for			[,-]	
	Total Deductions and Exemptions from fee	deral income (PIT-ADJ, li	ine 22). Attach PIT-ADJ	15	
	Total Deductions and Exemptions from fee Medical care expense deduction. See PIT (You must complete both lines 16 and 16a or the deduc	deral income (PIT-ADJ, li	ine 22). Attach PIT-ADJ	[,-]	
16.	Medical care expense deduction. See PIT	deral income (PIT-ADJ, li -1 instructions	ine 22). Attach PIT-ADJ	15	
16. 16	Medical care expense deduction. See PIT (You must complete both lines 16 and 16a or the deduc	deral income (PIT-ADJ, li -1 instructions tion will be denied.) dical care expenses. 16a	ine 22). Attach PIT-ADJ	15 16 17	
16. 16 <b>17.</b> 18.	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	deral income (PIT-ADJ, li -1 instructions tion will be denied.) dical care expenses. 16a 9, 10 and 11, then subtract lines 12	ine 22). <b>Attach PIT-ADJ</b>	15 16 17	
16. 16. 17. 18.	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 the tax. From Rate Table = R. From PIT-B, line 1	deral income (PIT-ADJ, linstructions	ine 22). <b>Attach PIT-ADJ</b> 2, 13, 14, 15 and 16	15 16 17 18	
16. 17. 18. 18.	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 dis	deral income (PIT-ADJ, li-1 instructions	a 2, 13, 14, 15 and 16	15 16 17 18	
16. 17. 18. 18.	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 discredit for taxes paid to another state. You	deral income (PIT-ADJ, li-1 instructions	ine 22). Attach PIT-ADJ  2, 13, 14, 15 and 16	15 16 17 18	
16. 17. 18. 18. 19.	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 the analysis. From Rate Table = R. From PIT-B, line 1 Additional amount for tax on lump-sum discredit for taxes paid to another state. You all or part of the year. Include a copy of the complete of the state of the state.	deral income (PIT-ADJ, li -1 instructions	ine 22). Attach PIT-ADJ	15 16 17 18 19	
16. 17. 18. 18. 19. 20.	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 discredit for taxes paid to another state. You	deral income (PIT-ADJ, linstructions	ine 22). Attach PIT-ADJ  2, 13, 14, 15 and 16	15 16 17 18 19 20 21	

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

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YOU	JR SOCIAL SECURITY NUMBER					
New	bmitting this return by mail, send to:  Mexico Taxation and Revenue Department  Box 25122	Rea	ason for an	nending	3:	
San	a Fe, New Mexico 87504-5122					
Atta	ch schedules even if they did not change from the previously filed return.				AS PREVIOUSLY FILED	AS AMENDED
23	The amount on line 22 from page 1					
	Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT					
25.	Working families tax credit. (Lines 25 and 25a required or the deduction via. The amount of federal earned income credit (EIC) reported on your 2014 federal income tax return					
26.	Refundable business-related income tax credits from Schedule PIT-CR, I	ine B. <i>i</i>	Attach PIT-CR	2 2	6	
27.	New Mexico income tax withheld. Attach annual statements of income	and w	/ithholdin	g 2	7	
28.	New Mexico income tax withheld from oil and gas proceeds. Attach 1099-MIS	3C or RP	D-41285	2	8	
29.	New Mexico income tax withheld from a pass-through entity. Attach 1099-MIS	C or RPE	D-41359		1	
30.	2014 estimated income tax payments. See PIT-1 instructions					
	Other payments less any refunds from this schedule, line S3, below				_	
32.	TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31					
33.	<b>TAX DUE.</b> If line 23 is <b>greater than</b> line 32, enter the difference here					
34.	Penalty on underpayment of estimated tax. See PIT-1 instructions			34	4	
35.	Special method allowed for calculation of underpayment of estimated tax penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4 Attach RPD-41272.				5.	
36.	Penalty. See PIT-1 instructions. If you want penalty computed for you, lea	ave bla	nk	36	3	
37.	Interest. See PIT-1 instructions. If you want interest computed for you, lea	ave bla	nk	37	7	
38.	TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37			38	3	
39.	<b>OVERPAYMENT.</b> If line 23 is <b>less than</b> line 32, enter the difference here			39	9	
40.	Refund voluntary contributions (PIT-D, line 14). Attach PIT-D			40	ס	
41.	Amount from line 39 you want applied to your 2015 Estimated Tax			4	1	
42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41			42	2	
RE.1		<b>s and c</b> /pe: Checkir Savings	ng 🔲 Mark	LL e. k <b>X</b> by choice	REQUIRED: You must answ WILL THIS REFUND GO T ACCOUNT LOCATED OUT not use this refund delivery option. S RE.4 YES NO	ver this question. O OR THROUGH AN SIDE THE U.S.? If yes, you may iee instructions.
	are I have examined this return, including accompanying schedules and statements, and to the nowledge and belief it is true, correct, and complete.	best of	Paid pre	parer's	use only:	
y	iomedge and belief it is true, correct, and complete.	$\neg$	Signature	of pro	noror	Data
You	r signature Date		Signature	or pre	parer	Date
100	- Signature Bute					
en	ouse's signature Date				(or yours, if self-employed	•
	buse's signature Date ing jointly, BOTH must sign even if only one had income.)				itification number	
•	payer's phone number	P.3 Prepar P.4 FEIN		'IN	_	

Taxpayer's email address P.5 P.6		s on file for this taxpayer.
NM Identity Protection PIN	See PIT-1 instructions.	
Complete this schedule and report the result on line 31, Other payments any refunds from schedule below.	s less Date	Amount
S1. 2014 Other payments. List any tax year 2014 payments made before or separate the submission of this amended return. Also, enter the date of the payment. Do not include		
estimated payments reported on line 30 of this form. If you made more than four pay	ments,	
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 New	Mexico	
PIT-1. Do not include any interest the New Mexico Taxation and Revenue Department	paid, if	
any, on your refund.	S2a Sum of refunds	
S3. Subtract line S2a from line S1a. Subtract the sum of refunds reported on line S2a fr		
of nayments reported on line S1a. Enter here and on line 31 of this form. May be a negat	ive number	