2020 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN For the year January 1 - December 31, 2020

ending _{F.2} If amending use Form 2020 PIT-X.



Prin	t your name (first, middle, last)	sc	OCIAL SECURITY NUMBE	ER B	Age 6	5 Resid er sta	
1a		1b		۔ اِرا		1_	tus Taxpayer's date of birth
Prin	t your spouse's name (first, middle, last). If married filing separately, include spouse.					"°	Spouse's date of birth
2a		2b		2c	2d	2e	2f
3а	If the address is new or changed, mark this box.		a deceased taxpayer's refunc e made payable to a person		lf taxpay died bei	fore this	40
Mail	ing Address (Number and street)		an the taxpayer or spouse n this return, enter below the		return is date of		nter Spouse's date of death
3b		an	nd social security number o erson. You must also attach	f that			4d
City	State Postal/ZIP Code		PD-41083.				
3c If fo	reign address, enter country Foreign province and/or state	4a	Name				Residency status: For taxpayer and spouse (1e and 2e), enter:
3d		4b					R if RESIDENT
5.	EXEMPTIONS: Taxpayer, spouse, dependents, and other dependents		SSN				N if NON-RESIDENT F if FIRST-YEAR RES.
J.	reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)	L					P if PART-YEAR RES.
	EXTENSION OF TIME TO FILE.						
6a	If you have a federal or state extension, mark the box and enter the extension date.			_			TUS. Mark only one box.
	8. DEPENDENTS AND OTHER DEPENDENTS. As listed on you				1) Single		
	(You must report the first 5 dependents and other dependents in this table. Use Schedule P Column 1 Column 2	IT-S for	additional entries.) Column 3	ì	2) Marrie	-	
Firs		Date of	birth (MM/DD/CCYY)	∐ (3 ai	 Marrie nd social sec 	d filing curity nu	J separately (Enter spouse's name mber in 2a and 2b.)
							sehold (Enter name of person
							d of household if that person is not I dependent on your federal return.)
				(4a	a)		
				(!	5) Qualify	ying w	idow(er) with dependent child
9.	FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040	or 10	1088 line 11)				
5.	PEDERAL ADJUSTED GROSS INCOME. (IIOIII Iederal Politi 1040	01 104	403N, IIIe 11)			-	9
	If you itemized your federal deduction amount, enter the amount of s federal Form 1040, Schedule A, line 5a. See the worksheet in the ins					+	10
11.	Total Additions to federal adjusted gross income (PIT-ADJ, line 5). A	ttach	PIT-ADJ			+	11
	Federal standard or itemized deduction amount (from federal Form 1					-	12
	12a. If you itemized, mark the box			1	2a		· · · · · · · · · · · · · · · · · · ·
13.	Deduction for certain dependents. See the worksheet in the instructi	13					
14.	New Mexico low- and middle-income tax exemption. See PIT-1 instru	14					
15. ⁻	Total Deductions and Exemptions from federal income (PIT-ADJ, line	15					
16.	Medical care expense deduction. See PIT-1 instructions					_	16
•	You must complete both lines 16 and 16a or the deduction will be denied.					-	
	16a. Unreimbursed and uncompensated medical care expenses		· 16a				
	NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then sul Cannot be less than zero.	otract	lines 12, 13, 14, 15 a	and 16	ð	. =	17
18.	New Mexico tax on amount on line 17 or from PIT-B, line 14						18
18	a. From Rate Table = R . From PIT-B, line 14 = B			1	_{8a} 🗌		
	Additional amount for tax on lump-sum distributions. See PIT-1 instru					+	19
20.	Credit for taxes paid to another state. You must have been a New Me	exico r	resident during all or				
	part of the year. Include a copy of other state's return. See PIT-1						20
	Business-related income tax credits applied, from Schedule PIT-CR,	21					
	NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtra than zero			l de le	:55	·	
						=	22

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, 2021. All others must file by April 15, 2021. See PIT-1 instructions for details.

Continue on the next page.

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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:

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		23							
24.	Total claimed on rebate and credit schedule (PIT-RC, I		24							
25.	Working families tax credit. (You must complete both lin	duction will be denied.)	+	25						
25a. The amount of federal earned income credit (EIC) reported on your 2020 federal income tax return										
26.	Refundable business-related income tax credits from \$		3. Attach PIT-CR	+	26					
27.	New Mexico income tax withheld. Attach annual stat	ements of income and	withholding	+	27					
28.	New Mexico income tax withheld from oil and gas proc	sc or RPD-41285	+	28						
29.	New Mexico income tax withheld from a pass-through	+	29							
30.	2020 estimated income tax payments. See PIT-1 instru	+	30							
31.	Other Payments		+	31						
32.	TOTAL PAYMENTS AND CREDITS. Add lines 24 thro		=	32						
	TAX DUE. If line 23 is greater than line 32, enter the			33						
	-									
34.	Penalty on underpayment of estimated tax. If you want	/ou, leave blank	+	34						
35.	5. 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									
36.	Penalty. See PIT-1 instructions. If you want penalty co	lank	+	36						
	Interest. See PIT-1 instructions. If you want interest co TAX, PENALTY, AND INTEREST DUE. Add lines 33,		+ =	37 38						
39.	OVERPAYMENT. If line 23 is less than line 32, enter the second se		39							
40.	Refund voluntary contributions (PIT-D, line 17). Attack		-	40						
41.	Amount from line 39 you want applied to your 2021 E	-	41							
42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 minu		=	42						
Image: Section set in the set of th										
l de	clare I have examined this return, including accompanyi	ing schedules and state-	Paid preparer's use only:							
	ts, and to the best of my knowledge and belief it is true,									
Your	signature	Date	Signature of preparer		Date					
Daire		Evaluation Data								
Drive	r's License, State ID No. or enter "NONE" or "DECLINED" State	Expiration Date								
_	I	Date	P.1 Firm's name (or yours, if self-	•	3)					
Spou	se's signature	P.2 NM CRS identification number								
Spous	e's Driver's License, State ID No. or enter "NONE" or "DECLINED" State	P3 Preparer's PTIN P4 FEIN								
(If f	ling jointly, BOTH must sign even if only one had incom	P.5 Preparer's phone number								
Tax	payer's phone number	P.6 Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.								
	payer's email address									