

2008 PIT-X NEW MEXICO PERSONAL INCOME TAX

Amended return for tax year January 1 - December 31, 2008,
or other fiscal year beginning MM/DD/CCYY, ending MM/DD/CCYY

2008 PIT-X, PAGE 1
BARCODE SHOULD READ *80169999* where the last four digits are replaced with your vendor code.

Vendor and Product Code
 XXXXXXXX XX

Attach schedules even if they did not change from the previously filed return.

Check this box if address is new or changed.

Print your name (first, middle, last) XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX Print your spouse's name (first, middle, last) If married, you must include spouse. XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX Mailing Address XX City, State and ZIP Code XXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXX	1. SOCIAL SECURITY NUMBER 999-99-9999 X 999-99-9999 X	Residency status: complete for each taxpayer. Enter "R" if RESIDENT; "N" if NON-RESIDENT; "F" if FIRST-YEAR RES.; "P" if PART-YEAR RES.. <input checked="" type="checkbox"/> MM/DD/CCYY <input checked="" type="checkbox"/> MM/DD/CCYY	Check if taxpayer or spouse named on the return is deceased. Enter date of death. <input checked="" type="checkbox"/> MM/DD/CCYY <input checked="" type="checkbox"/> MM/DD/CCYY
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2. **EXEMPTIONS** - Number of Qualified Exemptions.
 If you are a dependent of another taxpayer, enter 00.

3. **EXTENSION OF TIME TO FILE** - Mark the box if you have a federal or state extension, and enter extension date.

5. FILING STATUS - Check only one box below.	
<input checked="" type="checkbox"/> (1) Single	
<input checked="" type="checkbox"/> (2) Married filing jointly	
<input checked="" type="checkbox"/> (3) Married filing separately (Enter spouse's social security number above)	
<input checked="" type="checkbox"/> (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.) XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
<input checked="" type="checkbox"/> (5) Qualifying widow(er) with dependent child	

4. Check this box if federal Form(s) 8886, *Reportable Transaction Disclosure Statement*, is required to be attached.

6. DEPENDENTS: As listed on your federal return (Report additional dependents on Schedule PIT-S)			
First name	Last name	Dependent's SSN	Dependent's date of birth
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		999-99-9999	MM/DD/CCYY

	AS PREVIOUSLY FILED	AS AMENDED
7. FEDERAL ADJUSTED GROSS INCOME (From line 38 of federal Form 1040, line 22 of Form 1040A or line 4 of Form 1040EZ)	7 999,999,999	999,999,999
8. Additions to federal income (From line 4 of PIT-ADJ; attach PIT-ADJ)	8 999,999,999	999,999,999
9. Federal standard or itemized deduction amount (From line 40 of federal Form 1040, line 24 of Form 1040A or line 5 of Form 1040EZ)	9 999,999,999	999,999,999
9a. Check here if you itemized <input checked="" type="checkbox"/>		
9b. Check here if you checked box 39c on federal Form 1040, or box 23c on federal Form 1040A..... <input checked="" type="checkbox"/>		
10. Federal exemption amount (From line 42 of federal Form 1040, line 26 of Form 1040A, or leave blank if you filed Form 1040EZ).....	10 999,999,999	999,999,999
11. New Mexico low- and middle-income tax exemption (See PIT-1 instructions)	11 999,999,999	999,999,999
12. Deductions/Exemptions from federal income (Line 20 of PIT-ADJ; attach PIT-ADJ)	12 999,999,999	999,999,999
13. Medical care expense deduction (See PIT-1 instructions).....	13 999,999,999	999,999,999
13a. Unreimbursed and uncompensated medical care expenses.. <input type="text" value="13a"/> <input type="text" value="999,999,999"/> (You must complete both lines 13 and 13a or the deduction will be denied.)		
14. NEW MEXICO TAXABLE INCOME (Add lines 7 and 8, then subtract lines 9, 10, 11, 12 and 13).....	14 999,999,999	999,999,999
15. Tax on amount on line 14..... If from the Rate Table, enter "R", If from line 15 of PIT-B, enter "B"..... <input checked="" type="checkbox"/>	15 999,999,999	999,999,999
16. Additional amount for tax on lump-sum distributions (See PIT-1 instructions).....	16 999,999,999	999,999,999
17. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. (See PIT-1 instructions. Include a copy of other state's return.)	17 999,999,999	999,999,999
18. Non-refundable credits from Schedule PIT-CR (Line 16 of PIT-CR; attach PIT-CR)	18 999,999,999	999,999,999
19. NET NEW MEXICO INCOME TAX (Add lines 15 and 16, then subtract lines 17 and 18)	19 999,999,999	999,999,999

Continue on the next page.

2008 PIT-X (page 2)
NEW MEXICO PERSONAL INCOME TAX

2008 PIT-1, PAGE 2
 BARCODE SHOULD READ *80179999* where the
 last four digits are replaced with your vendor code.

YOUR SOCIAL SECURITY NUMBER

999-99-9999

MAIL THIS RETURN TO:
 New Mexico Taxation and Revenue Department
 P. O. Box 25122
 Santa Fe, New Mexico 87504-5122

Reason for amending: _____

Do not submit a **photocopy** of this form to the Department. Submit only original forms and retain a copy for your records. **Amended returns may be electronically filed using PIT-NET.**

	AS PREVIOUSLY FILED	AS AMENDED
20. The amount on line 19 from page 1	20 999,999,999	999,999,999
21. Total claimed on rebate and credit schedule (Line 28 of PIT-RC; attach PIT-RC).....	21 999,999,999	999,999,999
22. New Mexico income tax withheld (Attach W-2, 1099 or WK)	22 999,999,999	999,999,999
23. New Mexico income tax withheld from oil and gas proceeds (Attach 1099 or RPD-41285)	23 999,999,999	999,999,999
24. 2008 estimated income tax payments (See PIT-1 instructions)	24 999,999,999	999,999,999
25. Other payments less any refunds from schedule below.....	25 999,999,999	999,999,999
26. TOTAL PAYMENTS AND CREDITS (Add lines 21 through 25)	26 999,999,999	999,999,999
27. TAX DUE (If line 20 is greater than line 26, enter the difference here.).....	27 999,999,999	999,999,999
28. Penalty on underpayment of estimated tax (Leave blank if you want penalty computed for you.).....	28 999,999,999	999,999,999
29. Special method allowed for calculation of underpayment of estimated tax penalty. Enter 1, 2, 3, 4 or 5 in the box if you owe penalty on underpayment of estimated tax and you qualify. (Attach RPD-41272)	29 <input checked="" type="checkbox"/>	
30. Penalty (See PIT-1 instructions. Leave blank if you want penalty computed for you.).....	30 999,999,999	999,999,999
31. Interest (See PIT-1 instructions. Leave blank if you want interest computed for you.).....	31 999,999,999	999,999,999
32. TAX, PENALTY AND INTEREST DUE (Add lines 27, 28, 30 and 31).....	32 999,999,999	999,999,999
33. OVERPAYMENT (If line 20 is less than line 26, enter the difference here.)	33 999,999,999	999,999,999
34. Refund donations (Line 10 of PIT-D; attach PIT-D).....	34 999,999,999	999,999,999
35. Amount from line 33 you want applied to your 2009 Estimated Tax	35 999,999,999	999,999,999
36. AMOUNT TO BE REFUNDED TO YOU (Line 33 minus lines 34 and 35).....	36 999,999,999	999,999,999

!! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND FILL IN 1, 2 AND 3.	1. Routing number: 999999999	3. Type: Checking <input checked="" type="checkbox"/> Savings <input checked="" type="checkbox"/> <small>Enter "X"</small>
	2. Account number: 99999999999999999999	

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 MM/DD/CCYY
Spouse's signature _____ <small>(If filing jointly, BOTH must sign even if only one had income.)</small>	Date MM/DD/CCYY
Taxpayer's phone number <u>(999) 999-9999</u>	

Paid preparer's use only:	
Signature of preparer _____	Date _____
XX	
Firm's name (or yours if self-employed) _____	
NM CRS identification number <u>99-999999-009</u>	
Preparer's SSN or PTIN <u>X999-99-9999</u>	
EIN <u>99-9999999</u>	
Preparer's phone number <u>(999) 999-9999</u>	
<input checked="" type="checkbox"/> Check this box if Form RPD-41338 is on file for this taxpayer. <small>(See PIT-1 instructions.)</small>	

	Date	Amount
1. List any tax year 2008 payments made prior to or separate from the submission of this amended return. Also, enter the date of the payment. Do not include any estimated or carryforward payments reported on line 24, Form PIT-X. If you have made more than three payments, attach a schedule.	MM/DD/CCYY	999,999,999
	MM/DD/CCYY	999,999,999
	MM/DD/CCYY	999,999,999
	1a Sum of payments	999,999,999
2. List any refunds received from a previously filed 2008 New Mexico personal income tax return. Do not include any interest the New Mexico Taxation and Revenue Department paid, if any, on your refund.	MM/DD/CCYY	999,999,999
	MM/DD/CCYY	999,999,999
2a Sum of refunds	999,999,999	999,999,999
3. Subtract the sum of refunds reported on line 2a from the sum of payments reported on line 1a. Enter here and on line 25, Form PIT-X, page 2. (May be a negative number)		999,999,999