2004 PIT-1 NEW MEXICO PERSONAL INCOME TAX

For the year January 1 - December 31, 2004,
or other fiscal year beginning _____ 2004, ending _____ 2005.

☐ Check this box if address is new or changed.

Print your name (first, middle, last)

Print your spouse's name (first, middle, last) (Include spouse if married filing separately)

Mailing Address

City, State and Zip Code

1. YOUR SOCIAL SECURITY NUMBER

1. SPOUSE'S SOCIAL SECURITY NUMBER

Residency Status: complete for each taxpayer.

☐ If RESIDENT, enter "R";
If NON-RESIDENT, enter "N";
If FIRST-YEAR RESIDENT, enter "F";
☐ If PART-YEAR RESIDENT, enter "P".

☐ Check if taxpayer is deceased ☐ Check if taxpayer's spouse is deceased

Date of Death

Claimant's name if taxpayer(s) is deceased

Claimant's Social Security Number

3. EXEMPTIONS Number of Qualified Exemptions
If you are a dependent of another taxpayer, enter 00. ☐☐ (See instructions)

2a. AMENDED RETURN - Check if applicable. ☐

2b. EXTENSION OF TIME TO FILE - Check the box if you have a federal or New Mexico state extension. ☐
Extended to: _____ mm/dd/yy

4. FILING STATUS - Check only one box below.

☐ (1) Single ☐ (2) Married filing jointly ☐ (3) Married filing separately (Enter spouse's Social Security Number on line 1)
☐ (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) _____)
☐ (5) Qualifying widow(er) with dependent child Indicate year spouse died - - - - - - - - - - - - 2002 ☐ 2003 ☐

5.	**FEDERAL ADJUSTED GROSS INCOME** (From line 37, federal form 1040 or line 22, 1040A or line 4, 1040EZ or line I, Telefile) 5		.00
6.	Additions to federal income (From line 17 of PIT-ADJ, **attach PIT-ADJ**) 6	+	.00
7.	Federal standard or itemized deduction amount (From line 39, federal form 1040 or line 24, 1040A or line 5, 1040EZ or line J, Telefile, standard deduction) ..... 7 7a. Check here if you itemized ..... ☐	-	.00
8.	Federal exemption amount (From line 41, federal form 1040 or line 26, 1040A, or leave blank if filed 1040EZ, or line J, Telefile, exemption amount) 8	-	.00
9.	Deductions/Exemptions from federal income (Line 13 of PIT-ADJ; **attach PIT-ADJ**) 9	-	.00
10.	Medical care expenses (See PIT-1 instructions) 10	-	.00
11.	**NEW MEXICO TAXABLE INCOME** (Add lines 5 & 6 minus lines 7, 8, 9 & 10) 11	=	.00
12.	Tax on amount on line 11 from: Rate Table Enter "R" ☐ Line 15 of PIT-B Enter "B" ☐ 12		.00
13.	Additional amount for tax on lump-sum distributions (See PIT-1 instructions) 13	+	.00
14.	Subtract total non-refundable credits (Line 21 of PIT-ADJ; **attach PIT-ADJ**) 14	-	.00
15.	**NET NEW MEXICO INCOME TAX** (Add lines 12 & 13 minus line 14) ..... 15 (Cannot be less than zero)	=	.00
16.	Total claimed on rebate & credit schedule (Line 24 of PIT-1-RC; **attach PIT-1-RC**) 16		.00
17.	New Mexico income tax withheld (**Attach W-2, 1099 or WK**) 17	+	.00
18.	NM income tax withheld from oil and gas proceeds (**Attach 1099 or RPD-41285**) 18	+	.00
19.	2004 estimated income tax payments (See PIT-1 instructions) ..... 19 Enter 1, 2, 3, 4 or 5 if you owe penalty on underpayment of estimated tax and you qualify for special penalty calculation methods; **attach RPD-41272**. ☐	+	.00
20.	Total payments and credits (Add lines 16 through 19) ..... 20 (If amending return, see PIT-1 instructions)	=	.00
21.	**TAX DUE** (If line 15 is **greater than** line 20, enter difference here) 21		.00
22.	**OVERPAYMENT** (If line 15 is **less than** line 20, enter difference here) 22	▶	.00
23.	Refund donations (Line 7 of PIT-D; **attach PIT-D**) 23	-	.00
24.	Amount from line 22 you want applied to **year 2005 Estimated Tax** 24	-	.00
25.	**AMOUNT TO BE REFUNDED** (Line 22 minus lines 23 and 24) 25	=	.00

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NEW MEXICO PERSONAL INCOME TAX

YOUR SOCIAL SECURITY NUMBER

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

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

Electronic Filers: If you electronically file and pay your New Mexico Personal Income Tax Return, your due date is May 2, 2005. All others must file by April 15, 2005. See PIT-1 instructions for details.

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FILING CHECKLIST

- ❑ Are name(s) and address complete, correct and legible?
- ❑ Are social security numbers legible, accurate and entered on the front and back of each form where indicated? Spouse's social security number **must** be included if filing "Married Filing Separately".
- ❑ Are W-2 Forms included?
- ❑ If required, is Schedule PIT-ADJ completed and included with Form PIT-1?
- ❑ If there is an entry on line 16 of Form PIT-1, is Schedule PIT-1-RC included? Are questions A, B, and C answered?
- ❑ If required, is Schedule PIT-B included?
- ❑ If there is an entry on line 23 of Form PIT-1, is Form PIT-D included?
- ❑ Have you checked the arithmetic on your forms? Are all required fields completed and correct?
- ❑ Have you included all forms and attachments with your return?
- ❑ Is the return properly signed and dated? Is a contact telephone number included on the bottom of this form?
- ❑ Did you prepare the original forms for mailing to the Department and make a copy of ALL documents for your records?
- ❑ If tax is **DUE**, did you mail form **PIT-PV** and check for the full amount to PO Box 8390, Santa Fe, NM 87504-8390? Are social security number(s) and "2004 PIT-1" written on your check? Make your check or money order payable to New Mexico Taxation and Revenue Department.
- ❑ If you must make estimated tax payments for tax year 2005, did you mail PIT-ES and check to PO Box 8390, Santa Fe, NM 87504-8390? Are all social security number(s) and "2005 PIT-ES" written on your check? Make your check or money order payable to New Mexico Taxation and Revenue Department.

!! REFUND EXPRESS !!

HAVE IT DIRECTLY DEPOSITED !!
SEE INSTRUCTIONS AND FILL IN 1, 2 AND 3.

1. Routing number:
3. Type: ❑ Checking Enter "C" ❑ Savings Enter "S"
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

Spouse's signature — Date
(If filing jointly, BOTH must sign even if only one had income)

Taxpayer's phone number ( ) _____

Preparer's NM CRS ID Number

Signature of preparer other than taxpayer — Date

Include preparer's SSN or PTIN _____

Preparer's phone number ( ) _____