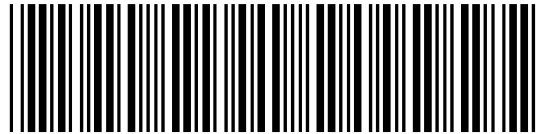


**2015 PIT-X NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN**

For the year January 1 - December 31, 2015

or fiscal year beginning F.1 \_\_\_\_\_ ending F.2 \_\_\_\_\_



1a Print your name (first, middle, last)

2a Print your spouse's name (first, middle, last). If married filing separately, include spouse.

3a  If the address is new or changed, mark this box.

3b Mailing Address (Number and street)

3c City State Postal/ZIP Code

3d If foreign address, enter country Foreign province and/or state

5.  **EXEMPTIONS.** Number of Qualified Exemptions. If you are a dependent of another taxpayer, enter 00.

6a  **EXTENSION OF TIME TO FILE.** If you have a federal or state extension, mark the box and enter the extension date. 6b

1b SOCIAL SECURITY NUMBER Blind  Age 65 or over  Residency status  1f Taxpayer's date of birth

2b  2c  2d  2e  2f Spouse's date of birth

4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter **below** the name and social security number of that person. You must also attach Form RPD-41083. ↓

4a Name \_\_\_\_\_

4b SSN \_\_\_\_\_

If taxpayer or spouse died before this return is filed, enter date of death. →

4c Taxpayer's date of death \_\_\_\_\_

4d Spouse's date of death \_\_\_\_\_

**Residency status: For taxpayer and spouse (1e and 2e), enter:**  
**R** if RESIDENT  
**N** if NON-RESIDENT  
**F** if FIRST-YEAR RES.  
**P** if PART-YEAR RES.

**8. DEPENDENTS. As listed on your federal return.**  
 (You must report the first 5 dependents in this table and additional dependents on Schedule PIT-S.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)

**7. FILING STATUS. Mark only one box.**

(1) Single

(2) Married filing jointly

(3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)

(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

- 9. FEDERAL ADJUSTED GROSS INCOME.** (from federal Form 1040, line 38; Form 1040A, line 22; or Form 1040EZ, line 4.) \_\_\_\_\_
- 9a. Enter any federal net operating loss incurred \_\_\_\_\_ 9a
10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5. See the instructions \_\_\_\_\_
11. Total Additions to federal income (PIT-ADJ, line 5). **Attach PIT-ADJ** \_\_\_\_\_
12. Federal standard or itemized deduction amount (from federal Form 1040, line 40; Form 1040A, line 24; or Form 1040EZ, line 5.) \_\_\_\_\_
- 12a. If you **itemized**, mark the box. \_\_\_\_\_ 12a
13. Federal exemption amount (from federal Form 1040, line 42; Form 1040A, line 26; or if you filed Form 1040EZ, leave blank) \_\_\_\_\_
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions \_\_\_\_\_
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). **Attach PIT-ADJ** ... \_\_\_\_\_
16. Medical care expense deduction. See PIT-1 instructions \_\_\_\_\_  
 (You must complete both lines 16 and 16a or the deduction will be denied.)
- 16a. Unreimbursed and uncompensated medical care expenses. 16a
- 17. NEW MEXICO TAXABLE INCOME.** Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16 \_\_\_\_\_
18. New Mexico tax amount on line 17 or from PIT-B, line 14 \_\_\_\_\_
- 18a. From Rate Table = **R**. From PIT-B, line 14 = **B**. \_\_\_\_\_ 18a
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions \_\_\_\_\_
20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. **Include a copy of other state's return.** See PIT-1 instructions \_\_\_\_\_
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. **Attach PIT-CR** ... \_\_\_\_\_
- 22. NET NEW MEXICO INCOME TAX.** Add lines 18 and 19, then subtract lines 20 and 21 \_\_\_\_\_

	AS PREVIOUSLY FILED	AS AMENDED
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

Continue on the next page.

