

New Mexico Taxation and Revenue Department
**INDIVIDUAL INCOME TAX DECLARATION FOR
ELECTRONIC FILING AND TRANSMITTAL**

First Name, Middle Initial, and Last Name JULIAN A GARCIA	Social Security Number (SSN) 648 18 6125	<input checked="" type="checkbox"/> Residency Status
Spouse First Name, Middle Initial, and Last Name	Social Security Number (SSN)	<input type="checkbox"/> Residency Status
Mailing Address, City, State, and Zip Code 1512 LOS CERRITOS DR NW LOS LUNAS, NM 87031		
TAX YEAR (CCYY): 2020		
FILING STATUS (Check One)		
<input checked="" type="checkbox"/> (1.) Single		
<input type="checkbox"/> (2.) Married filing jointly		
<input type="checkbox"/> (3.) Married filing separately (Enter spouse's name and social security number.)		
<input type="checkbox"/> (4.) Head of household (Enter name of person who qualifies you as head of household if that person is not counted as a qualified exemption on your federal return.)		
<input type="checkbox"/> (5.) Qualifying widow(er)		

PART I: TAX RETURN INFORMATION (Whole Dollar Amounts Only)

1. Federal Adjusted Gross Income (as reported on PIT-1)	1.	4,410
2. Net New Mexico Income Tax (as reported on PIT-1).....	2.	
3. Total Payments and Credits (as reported on PIT-1)	3.	23
4. Tax Due (as reported on PIT-1).....	4.	
5. Overpayment (as reported on PIT-1)	5.	23

PART II: DECLARATION OF TAXPAYER

I declare the amounts described in Part I above agree with the amounts shown on the corresponding lines of my New Mexico personal income tax return, and that I have examined the contents of my electronic return and accompanying schedules and statements. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including accompanying schedules and statements, be electronically transmitted to the New Mexico Taxation and Revenue Department.

PLEASE
SIGN
HERE

Your signature

Date

Spouse's signature (If joint return, BOTH MUST sign.)

PART III: DECLARATION OF PREPARER/TRANSMITTER (If Applicable)**PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

I declare the above taxpayer's return is based on all pertinent information of which I have knowledge. I have verified that the taxpayer's name shown on this declaration agrees with the name that appears on the proof of account. A copy of all forms and information to be filed with or transmitted to the New Mexico Taxation and Revenue Department have been provided to the taxpayer.

Preparer's/Transmitter's signature SELF-PREPARED		Date
Check if self-employed <input type="checkbox"/>	Preparer's PTIN	NM CRS identification number (if applicable)
Firm's name (or yours, if self-employed)		
Address (number, street, city, and state)		ZIP code

When required to submit a copy of this form to the Department, mail the form and attachments to:
New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418