## **2012 PIT-1 NEW MEXICO PERSONAL INCOME TAX** For the year January 1 - December 31, 2012

For the year January 1 - December 31, 2012 or fiscal year beginning  $_{\rm F,1}$  ending  $_{\rm F,2}$  ending  $_{\rm F,2}$  If amending use Form 2012 PIT-X.



|          |                                                                                                                                                               |                                 | SOCIAL S              | ECURITY           | NUME     | BER       | Blind   | Over 6                            |                    | idenc<br>atus                         | ;y                                           | If taxpayer or spouse died before this return is filed, |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|-------------------|----------|-----------|---------|-----------------------------------|--------------------|---------------------------------------|----------------------------------------------|---------------------------------------------------------|--|
|          | int your name (first, middle, last)                                                                                                                           |                                 |                       |                   |          |           |         |                                   |                    |                                       |                                              | Enter date of death.                                    |  |
| 1a       |                                                                                                                                                               | 1b                              |                       |                   |          |           | 1c      | 1d                                | 1e                 |                                       | 1f<br>_                                      |                                                         |  |
| Pr<br>2a | int your spouse's name (first, middle, last) Include spouse if married filing separately.                                                                     | 2b                              |                       |                   |          |           | 20      | 2d                                | 2e                 |                                       | 2f                                           |                                                         |  |
|          |                                                                                                                                                               | 20                              |                       |                   |          | 4         | 2c      | 2u                                | 26                 |                                       | _                                            | Davidones, etatura, Comulato                            |  |
| 3a       | Check this box if the address is new or changed.                                                                                                              | 4                               | If a decea            | sed taxpa         | yer's re | efund m   | nust be | made paya                         | able to<br>turn, e | a per                                 | son                                          | Residency status: Complete for each taxpayer. Enter     |  |
| 3b Ma    | ailing Address                                                                                                                                                | Harrie and Solv of that person. |                       |                   |          |           |         |                                   |                    | "R" if RESIDENT; "N" if NON-RESIDENT; |                                              |                                                         |  |
|          |                                                                                                                                                               | 4a Name "F" if FIRST-YEAR R     |                       |                   |          |           |         |                                   |                    |                                       | "F" if FIRST-YEAR RES.,                      |                                                         |  |
| Ci       | ty, State and ZIP Code                                                                                                                                        | "P" if PART-YEAR RES.           |                       |                   |          |           |         |                                   |                    |                                       | "P" if PART-YEAR RES                         |                                                         |  |
|          | 10 0011                                                                                                                                                       |                                 |                       |                   |          |           |         |                                   |                    |                                       |                                              |                                                         |  |
| 5.       | <b>EXEMPTIONS</b> - Number of Qualified Exemptions.  If you are a dependent of another taxpayer, enter 00.                                                    |                                 |                       |                   |          |           |         | TATUS - Check only one box below. |                    |                                       |                                              |                                                         |  |
|          | — EXTENSION OF TIME TO FILE -                                                                                                                                 |                                 |                       |                   |          | Ш         | (1) S   | ingle                             |                    |                                       |                                              |                                                         |  |
| 6a       | If you have a federal or state extension, 6b                                                                                                                  |                                 |                       |                   |          |           | (2) N   | Acreiced:                         | filina             | ioini                                 | <b>41</b> 57                                 |                                                         |  |
|          | check the box and enter the extension date.                                                                                                                   | _                               |                       |                   |          | Ш         | (Z) I   | Married                           | niing              | joini                                 | uy                                           |                                                         |  |
|          | <ol> <li>DEPENDENTS: As listed on your federal retur</li> <li>(You must report the first 5 dependents in the table below and additional dependents</li> </ol> | n<br>on                         | Schedule I            | PIT-S)            |          | П         | (3) N   | /larried                          | filina             | sepa                                  | arat                                         | ely (Enter spouse's social                              |  |
| Fi       | Column 1. Column 2. rst name Last name Dependent's SSN                                                                                                        | Dat                             | Colu<br>e of birth (f | mn 3.<br>MM/DD/YY | (YY)     | Ш         |         | y number                          |                    |                                       |                                              | ory (Emer operator coolar                               |  |
|          | Dependents doin                                                                                                                                               |                                 | 1                     | 1                 | ,        |           |         |                                   |                    |                                       |                                              | Enter name of person old if that person is not          |  |
|          |                                                                                                                                                               |                                 | Ī                     | 1                 |          |           |         |                                   |                    |                                       |                                              | on your federal return.)                                |  |
|          |                                                                                                                                                               |                                 |                       | /                 |          |           |         |                                   |                    |                                       |                                              |                                                         |  |
|          |                                                                                                                                                               |                                 |                       |                   |          | $  \Box $ | (5) (   | )ualifyin                         | a wid              | low(                                  | or) ı                                        | with dependent child                                    |  |
|          |                                                                                                                                                               |                                 |                       |                   |          |           | (5)     | zuamym                            | y wio              | iOw(                                  | CI) (                                        | with dependent child                                    |  |
| 9.       | FEDERAL ADJUSTED GROSS INCOME(From federal Form 1040, line 38; Form 1040A, line 22; or Form 1040A                                                             |                                 |                       |                   |          |           |         |                                   |                    | 9                                     |                                              | 00                                                      |  |
| 10.      | If you itemized your federal deduction amount, enter the amount of                                                                                            | sta                             | te and l              | ocal tax          | ded      | uction    | 1       |                                   | +                  | 10                                    |                                              | 00                                                      |  |
| 11.      | claimed on line 5, federal Form 1040, Schedule A. (See worksheet in instructions)  1. Additions for federal income (From line 5 of PIT-ADJ; attach PIT-ADJ)   |                                 |                       |                   |          |           |         |                                   | +                  | 11                                    | Т                                            | 00                                                      |  |
|          | 2. Federal standard or itemized deduction amount                                                                                                              |                                 |                       |                   |          |           |         |                                   |                    |                                       | _                                            |                                                         |  |
| 1        | (From federal Form 1040, line 40; Form 1040A, line 24; or Form 1040EZ, line 5.)                                                                               |                                 |                       |                   |          |           |         |                                   | -                  | 12                                    |                                              | 00                                                      |  |
|          | Federal exemption amount (From federal Form 1040, line 42; Form                                                                                               |                                 |                       |                   |          |           |         | ш                                 |                    |                                       |                                              |                                                         |  |
| 13.      | if you filed Form 1040EZ)                                                                                                                                     |                                 |                       |                   |          |           |         |                                   | _                  | 13                                    |                                              | 00                                                      |  |
| 14.      | 14. New Mexico low- and middle-income tax exemption (See PIT-1 instructions)                                                                                  |                                 |                       |                   |          |           |         |                                   | 00                 |                                       |                                              |                                                         |  |
| 15.      | Deductions/Exemptions from federal income (Line 21 of PIT-ADJ; a                                                                                              | tta                             | ch PIT-               | <b>ADJ</b> )      |          |           |         |                                   | -                  | 15                                    |                                              | 00                                                      |  |
| 16.      | Medical care expense deduction (See PIT-1 instructions) (You must complete both lines 16 and 16a or the deduction will be denied.)                            |                                 |                       |                   |          |           |         |                                   | _                  | 16                                    | Т                                            | 00                                                      |  |
| 1        | 6a. Unreimbursed and uncompensated medical care expenses                                                                                                      |                                 | 6a                    |                   |          |           | 00      |                                   |                    | 10                                    | <u>'                                    </u> |                                                         |  |
|          | NEW MEXICO TAXABLE INCOME (Add lines 9, 10 and 11, then su                                                                                                    |                                 |                       | s 12, 13          | , 14,    |           |         |                                   | =                  | 17                                    | ·                                            | 00                                                      |  |
| 18       | (Cannot be less than zero.) Tax on amount on line 17                                                                                                          |                                 |                       |                   |          |           |         |                                   |                    | 18                                    | Т                                            |                                                         |  |
|          | 8a. If from the Rate Table, enter "R", If from line 14 of PIT-B, enter                                                                                        |                                 |                       |                   |          |           |         |                                   |                    | 10                                    | <u> </u>                                     | 00                                                      |  |
|          | Additional amount for tax on lump-sum distributions (See PIT-1 instr                                                                                          |                                 |                       |                   |          |           |         |                                   | +                  | 19                                    |                                              | 00                                                      |  |
|          | Credit for taxes paid to another state. You must have been a New M                                                                                            |                                 | ,                     |                   |          |           |         |                                   |                    | $\equiv$                              |                                              | -                                                       |  |
| _0.      | part of the year. (See PIT-1 instructions. <b>Include a copy of other st</b>                                                                                  |                                 |                       |                   | •        |           |         |                                   | -                  | 20                                    | <u> </u>                                     | 00                                                      |  |
| 21.      | Non-refundable credits from Schedule PIT-CR (Line 21 of PIT-CR; a                                                                                             | atta                            | ach PIT               | -CR)              |          |           |         |                                   | -                  | 21                                    |                                              | 00                                                      |  |
| 22.      | NET NEW MEXICO INCOME TAX (Add lines 18 and 19, then subtra<br>(Cannot be less than zero.)                                                                    | act                             | lines 20              | ) and 21          | I)       |           |         |                                   | =                  | 22                                    | :                                            | 00                                                      |  |

Electronic Filers: If you both file and pay your New Mexico Personal Income Tax Return electronically, your due date is April 30, 2013. All others must file by April 15, 2013. See PIT-1 instructions for details.

Continue on the next page.

## 2012 PIT-1 (page 2) NEW MEXICO PERSONAL INCOME TAX RETURN



| NE         | W MEXICO PERSONAL INCOME TAX RET                                                                                                                                                                              | TURN                                                                       |                                    |                               |         |            |                                                                                                |  |  |  |  |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------|-------------------------------|---------|------------|------------------------------------------------------------------------------------------------|--|--|--|--|
| Y          | DUR SOCIAL SECURITY NUMBER                                                                                                                                                                                    |                                                                            |                                    |                               |         |            |                                                                                                |  |  |  |  |
|            |                                                                                                                                                                                                               |                                                                            |                                    |                               |         |            |                                                                                                |  |  |  |  |
| to t       | <b>not</b> submit a <b>photocopy</b> of this form ne Department. Submit only original ns and retain a copy for your records.                                                                                  |                                                                            | THIS BOX INTENTIONALLY LEFT BLANK. |                               |         |            |                                                                                                |  |  |  |  |
| NM<br>P. C | ubmitting this return by mail, send to:<br>Taxation and Revenue Department<br>0. Box 25122<br>ta Fe, New Mexico 87504-5122                                                                                    |                                                                            |                                    |                               |         |            |                                                                                                |  |  |  |  |
| 23.        | The amount on line 22 from page 1                                                                                                                                                                             |                                                                            |                                    |                               |         | 23         | 00                                                                                             |  |  |  |  |
| 24.        | Total claimed on rebate and credit schedule (Line 27                                                                                                                                                          | I claimed on rebate and credit schedule (Line 27 of PIT-RC; attach PIT-RC) |                                    |                               |         |            |                                                                                                |  |  |  |  |
| 25.        | Working families tax credit. (You must complete both lines 25 a 25a. The amount of Federal Earned Income Credit reported on your 2012 federal income tax return.                                              |                                                                            |                                    | enied.)                       | +       | 25         | 00                                                                                             |  |  |  |  |
| 26.        | New Mexico income tax withheld (Attach annual sta                                                                                                                                                             | itements o                                                                 | of income and                      | l withholding)                | +       | 26         | 00                                                                                             |  |  |  |  |
| 27.        | 3.1                                                                                                                                                                                                           | •                                                                          |                                    | ·                             |         | 27         | 00                                                                                             |  |  |  |  |
| 28.        | , ,                                                                                                                                                                                                           |                                                                            |                                    | 28                            | 00      |            |                                                                                                |  |  |  |  |
| 29.        | . , ,                                                                                                                                                                                                         |                                                                            |                                    |                               | _       | 29         | 00                                                                                             |  |  |  |  |
| 30.        | Other Payments                                                                                                                                                                                                |                                                                            |                                    |                               | +       | 30         | 00                                                                                             |  |  |  |  |
| 31.        | TOTAL PAYMENTS AND CREDITS (Add lines 24 thr                                                                                                                                                                  | rough 30)                                                                  |                                    |                               | =       | 31         | 00                                                                                             |  |  |  |  |
| 32.        | TAX DUE (If line 23 is greater than line 31, enter the                                                                                                                                                        | difference                                                                 | here.)                             |                               |         | 32         | 00                                                                                             |  |  |  |  |
| 33.        | Penalty on underpayment of estimated tax (Leave bla                                                                                                                                                           | ank if you w                                                               | ant penalty co                     | omputed for you.)             | +       | 33         | 00                                                                                             |  |  |  |  |
| 34.        | 34. 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) |                                                                            |                                    |                               |         |            |                                                                                                |  |  |  |  |
| 35.        | Penalty (See PIT-1 instructions. Leave blank if you wa                                                                                                                                                        | ant penalty                                                                | computed for                       | you.)                         | +       | 35         | 00                                                                                             |  |  |  |  |
| 36.        | Interest (See PIT-1 instructions. Leave blank if you wa                                                                                                                                                       | ant interest                                                               | computed for                       | you.)                         | +       | 36         | 00                                                                                             |  |  |  |  |
| 37.        | TAX, PENALTY AND INTEREST DUE (Add lines 32                                                                                                                                                                   | , 33, 35 and                                                               | d 36)                              |                               | =       | $\vdash$   | 00                                                                                             |  |  |  |  |
| 38.        | OVERPAYMENT (If line 23 is less than line 31, enter                                                                                                                                                           | r the differe                                                              | ence here.)                        |                               |         | 38         | 00                                                                                             |  |  |  |  |
| 39.        | Refund donations (Line 11 of PIT-D; attach PIT-D)                                                                                                                                                             |                                                                            |                                    |                               | -       | 39         | 00                                                                                             |  |  |  |  |
| 40.        | Amount from line 38 you want applied to your 2013                                                                                                                                                             |                                                                            | -                                  | 40                            | 00      |            |                                                                                                |  |  |  |  |
| 41.        | AMOUNT TO BE REFUNDED TO YOU (Line 38 mir                                                                                                                                                                     | nus lines 39                                                               | and 40)                            |                               | =       | 41         | 00                                                                                             |  |  |  |  |
| <u>!!</u>  | REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITE                                                                                                                                                                   | D! SEE INSTR                                                               | UCTIONS AND FI                     |                               |         |            | S REFUND GO TO OR                                                                              |  |  |  |  |
|            | Routing number:                                                                                                                                                                                               | RE.3                                                                       | Type: Checki<br>Enter ":           | ng 🔲 Savings 🔲 TH             | E UNIT  | ED STATES? | NT LOCATED OUTSIDE  If yes, you may not use . See instructions. You must answer this guestion. |  |  |  |  |
|            | eclare I have examined this return, includi                                                                                                                                                                   | ng accor                                                                   | npanving                           | Paid preparer's use only:     |         |            | ino questivii.                                                                                 |  |  |  |  |
|            | hedules and statements, and to the best                                                                                                                                                                       | _                                                                          |                                    |                               |         |            |                                                                                                |  |  |  |  |
| an         | d belief it is true, correct and complete.                                                                                                                                                                    | -                                                                          | Signature of preparer              |                               |         | Date       |                                                                                                |  |  |  |  |
| _          |                                                                                                                                                                                                               |                                                                            |                                    |                               |         |            |                                                                                                |  |  |  |  |
|            |                                                                                                                                                                                                               |                                                                            |                                    | - Cimala (seesa / c           | - IE -  | alasse -IV |                                                                                                |  |  |  |  |
| You        | ur signature                                                                                                                                                                                                  |                                                                            | P.1 Firm's name (or yours if so    |                               | pioyed) |            |                                                                                                |  |  |  |  |
| 100        | 2. O.g. (2.010                                                                                                                                                                                                | Date                                                                       |                                    | P.2 NM CRS identification nur |         |            |                                                                                                |  |  |  |  |
|            |                                                                                                                                                                                                               |                                                                            |                                    | P.3 Preparer's PTIN           |         |            |                                                                                                |  |  |  |  |

(If filing jointly, BOTH must sign even if only one had income.) Taxpayer's phone number

Taxpayer's E-mail address

Spouse's signature

P.6 Check this box if Form RPD-41338 is on file for this taxpayer. (See PIT-1 instructions.)

P.5 Preparer's phone number \_