2015 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN For the year January 1 - December 31, 2015

or fiscal year beginning _{F.1} ending _{F.2} ending _{F.2}

If amending use Form 2015 PIT-X.



Pi	int your name (first, middle, last)		SOCIAL SECURITY NUME	BER	Blir		Age 6	5 Resi er sta			Taypayor's data of hirth
1a		1b			1c	1 10	4	10	1100	1f	Taxpayer's date of birth
Pi	int your spouse's name (first, middle, last). If married filing separately, include spouse.	اد	: :] ' ' _] '`	"Ш				Spouse's date of birth
2a		2b			2c	20	d	2e		2f	opouse a date of birth
		'-	If a deceased to unaverse ratio	a al man	J 'L	_	Ш			_	Taxpayer's date of death
3a	If the address is new or changed, mark this box.	4	If a deceased taxpayer's refuse be made payable to a person	n oth	er	di	ed be	yer or s		4c	raxpayer s date or death
Ma	ailing Address (Number and street)		than the taxpayer or spouse on this return, enter below th					s filed, e death.		-	Spouse's date of death
3b		Ш	and social security number person. You must also attact							4d	
Ci	ty State Postal/ZIP Code		RPD-41083. ↓	0.						Ē	
3c	foreign address onto sounts. Carrier province and/or state	4a									Residency status: Fortaxpayer and spouse (1e and 2e), enter:
	foreign address, enter country Foreign province and/or state		Name							1	R if RESIDENT
3d		4b									N if NON-RESIDENT F if FIRST-YEAR RES.
5.	EXEMPTIONS. Number of Qualified Exemptions.	L	SSN							J	P if PART-YEAR RES.
	If you are a dependent of another taxpayer, enter 00. EXTENSION OF TIME TO FILE.										
6-	☐ If you have a federal or state extension.			$\overline{}$			1 181	0.0=-	TUC		laule audie I
6a	mark the box and enter the extension date.			-	7				NI US	. IVI	ark only one box.
	 DEPENDENTS. As listed on your federal retur (You must report the first 5 dependents in this table and additional dependents on 	n. Sch	nedule PIT-S.)	-	⊣ `′		ingle		a ioi-	stls r	
\vdash	Column 1 Column 2		Column 3	⊩	」`´			ed filin	.	•	ately (Enter spouse's name
Fi	rst name Last name Dependent's SSN	Date	e of birth (MM/DD/CCYY)		and	soci	ial se	curity nu	y sep imber i	in 2a	a and 2b.)
_				l٦	7 (4)	۱Н	hee	of hou	iseho	ıld (Enter name of person
\vdash				╁	u qua	alifyin	ng you	ı as hea	d of ho	ouse	hold if that person is not
_					cou	ınted	l as a	qualifie	d exem	nptio	on on your federal return.)
\vdash				lг	(5)	_	ualif	vina v	/idov	// or) with dependent child
				Ш	(3)	i Qi	uaiii	yirig w	nuow	(61) with dependent child
9.	FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040.	lin	e 38: Form 1040A lin	e 22) .				9		
J.	or Form 1040EZ, line 4)	,	C 30, 1 01111 1040/A, 1111	C 22	-,			•		_	
9	a. If line 9 is negative, enter any federal net operating loss incurred		9a				1				
	If you itemized your federal deduction amount, enter the amount of s			ion .				+	10		
	claimed on federal Form 1040, Schedule A, line 5. See the workshe										
11.	Total Additions to federal adjusted gross income (PIT-ADJ, line 5).	tta	ch PIT-ADJ					+	11		
12. Federal standard or itemized deduction amount (from federal Form 1040, line 40; Form 1040A, line 24; or											
	Form 1040EZ, line 5) [12]										
	2a. If you itemized , mark the box					_	J		12	Г	
13.	Federal exemption amount (from federal Form 1040, line 42; Form 1 filed Form 1040EZ, leave blank)	040	A, line 26; or if you						13	<u> </u>	
	,							_	14	Г	
14.	New Mexico low- and middle-income tax exemption. See PIT-1 instru	ucti	ons					• -		<u> </u>	
15.	Total Deductions and Exemptions from federal income (PIT-ADJ, line	e 22	2). Attach PIT-ADJ						15		
	, μ		,								
16.	Medical care expense deduction. See PIT-1 instructions						<u></u>		16		
1	You must complete both lines 16 and 16a or the deduction will be denied. 6a. Unreimbursed and uncompensated medical care expenses		16a				1				
	NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then su			and	1 16		_	=	17		
	Cannot be less than zero.			۵				•	_	_	
18.	New Mexico tax on amount on line 17 or from PIT-B, line 14						٠	-	18		
1	8a. From Rate Table = R . From PIT-B, line 14 = B				18a	a L	╛		_	_	
	Additional amount for tax on lump-sum distributions. See PIT-1 instri							. +	19	lacksquare	
20.	Credit for taxes paid to another state. You must have been a New Me	exic	co resident during all o	or					20		
	part of the year. Include a copy of other state's return. See PIT-1	ins	tructions.								
	Business-related income tax credits applied, from Schedule PIT-CR							. -	21		
22.	NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtra							_			
	than zero							. =	22	1	

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is May 2, 2016. All others must file by April 18, 2016. See PIT-1 instructions for details.

Continue on the next page.

2015 PIT-1 (page 2) NEW MEXICO PERSONAL INCOME TAX RETURN



YOUR	R SOCIAL	SECURI	TY NUI	MBER
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Do not submit a **photocopy** of this form to the Department. Submit only original forms and keep a copy for your records.

If submitting this return by mail, send to:

New Mexico Taxation and Revenue Department

THIS BOX	IS INTE	ENTIONALLY	LEFT BL	ANK

	. Box 25122								
San	ta Fe, New Mexico 87504-5122								
23	The amount on line 22 from page 1					23			
	Total claimed on rebate and credit schedule (PIT-R					24			
	Working families tax credit. (You must complete bot		+	25					
		-							
2	25a. The amount of federal earned income credit (EIC) reported on your 2015 federal income tax return								
26.	Refundable business-related income tax credits from	m Schedul	e PIT-CR, line E	B. Attach PIT-CR	+	26			
27.	New Mexico income tax withheld. Attach annual s	tatements	of income and	withholding	+	27			
28.	New Mexico income tax withheld from oil and gas					28			
29.	New Mexico income tax withheld from a pass-through	,			_	29			
30.	2015 estimated income tax payments. See PIT-1 in					30			
31.	Other Payments					31			
	TOTAL PAYMENTS AND CREDITS. Add lines 24					32			
33.	TAX DUE. If line 23 is greater than line 32, enter t	he differen	ce here			33			
24	Penalty on underpayment of estimated tax. If you v	uant nanaltu	, computed for	vou Jooya blank		34			
ı				·	-	34			
35.	Special method allowed for calculation of underpayunderpayment of estimated tax and you qualify, en					35.			
	and payment of estimated tax and you quality, en	101 1, 2, 0, -	r, or o in the box	Attaon to 5 41272		00.			
36.	Penalty. See PIT-1 instructions. If you want penalty	ank	+	36					
	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,						
37.	Interest. See PIT-1 instructions. If you want interes	+	37						
	TAX, PENALTY, AND INTEREST DUE. Add lines	•	•		=	38			
39.	OVERPAYMENT. If line 23 is less than line 32, en			39					
40.	0. Refund voluntary contributions (PIT-D, line 16). Attach PIT-D					40			
41.	Amount from line 39 you want applied to your 201	6 Estimate	ed Tax		-	41			
42	AMOUNT TO BE REGUNDED TO YOU I inc 30 m	_	42						
lacksquare	42. All CONT TO BE RELIGIBLE TO TOO. Elife OF Hilling Hillow To drid Ti.								
!!	REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSING QUESTIONS IN THIS BLOC	K.	Cha	WILL THIS REFUN	ND G	O TO OR THROUGH AN ACCOUNT			
RE.1	Routing number:	RE.	Checking Cho	Mark X by LOCATED OUTSI		HE UNITED STATES? If yes, you may y option. See instructions.			
	Account number:	I + I + I	Savings	your choice. RE.4 YES	7	NO			
				Daid numerous use only					
	clare I have examined this return, including accompa			Paid preparer's use only:					
	signature	Date	and complete.	Signature of preparer		Date			
				Signature or preparer		Date			
Your	driver's license or state issued ID no. and issuing state	Expiration	n Date						
				P.1 Firm's name (or yours, if self	-emp	oloyed)			
Spouse's signature Date P.2 NM CRS identification				P.2 NM CRS identification number	umber				
P.3 Preparer's PTIN									
Spouse's driver's license or state issued ID no. and issuing state									
	P.5 Preparer's phone number _								
•	ling jointly, BOTH must sign even if only one had in	☐ Mark this box if Form F							
Taxpayer's phone number P.6 for this taxpayer. See									
lax	payer's email address								