

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

First Name, Middle Initial, and Last Name <b>VEERANJANEYULU GANJI</b>	Social Security Number (SSN) <b>072-39-1215</b>	<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 <b>4129 S MEADOWS RD, APT. 1322 SANTA FE NM 87507</b>		

TAX YEAR (CCYY): 2023  
 FILING STATUS (Check One)

- (1.) Single
- (2.) Married filing jointly
- (3.) Married filing separately (Enter spouse's name and social security number.)
- (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.) \_\_\_\_\_
- (5.) Qualifying widow(er)

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

1. Federal Adjusted Gross Income (as reported on PIT-1) .....	1.	37,833
2. Net New Mexico Income Tax (as reported on PIT-1).....	2.	894
3. Total Payments and Credits (as reported on PIT-1) .....	3.	1,072
4. Tax Due (as reported on PIT-1).....	4.	
5. Overpayment (as reported on PIT-1) .....	5.	178

**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.)

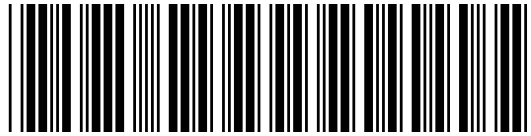
**PART III: DECLARATION OF PREPARER/TRANSMITTER** (If Applicable)**PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

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 <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>		Date <b>02/17/2024</b>
Check if self-employed <input type="checkbox"/>	Preparer's PTIN <b>P02082703</b>	Preparer's NMBTIN (if applicable)
Firm's name (or yours, if self-employed) <b>GLOBAL TAXES LLC</b>		
Address (number, street, city, and state) <b>245 ROONEY CT E BRUNSWICK NJ</b>		ZIP code <b>08816</b>

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

# 2023 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN



For the year January 1 - December 31, 2023  
or fiscal year beginning F.1 ending F.2  
If amending use Form 2023 PIT-X.

FOR DEPARTMENT USE ONLY

Get your refund faster, file online using Taxpayer Access Point TAP <https://tap.state.nm.us>.

1555 02 2

1a Print your name (first, middle, last)  
**VEERANJANEYULU GANJI**

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

SOCIAL SECURITY NUMBER **072-39-1215** 1c  Blind 1d  Age 65 or over 1e  Residency status **R** 1f Taxpayer's date of birth **06/20/1999**

2b  Spouse's date of birth

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

3b Mailing Address (Number and street)  
**4129 S MEADOWS RD APT 1322**

3c City **SANTA FE** State **NM** Postal/ZIP Code **87507**

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

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 Resident  
**P** if Part-Year Resident

5.  **EXEMPTIONS:** Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)

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

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

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 dependent on your federal return.)

(4a) \_\_\_\_\_

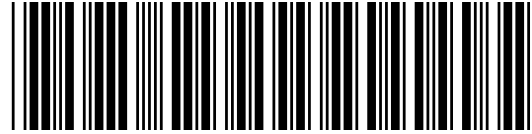
(5) Surviving Spouse with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11).....	9	37,833
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 5a. See the worksheet in the instructions.....	+	10
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 6). <b>Attach PIT-ADJ</b> .....	+	11
12. Federal standard or itemized deduction amount (from federal Form 1040, line 12).....	-	12
12a. If you <b>itemized</b> , mark the box..... 12a <input type="checkbox"/>		13,850
13. Deduction for certain dependents. See the worksheet in the instructions.....	-	13
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions.....	-	14
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 27). <b>Attach PIT-ADJ</b> .....	-	15
16. Medical care expense deduction. See PIT-1 instructions.....	-	16
You must complete both lines 16 and 16a or the deduction will be denied.		
16a. Unreimbursed and uncompensated medical care expenses..... 16a _____		
17. <b>NEW MEXICO TAXABLE INCOME.</b> Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16.....	=	17
Cannot be less than zero		23,983
18. New Mexico tax on amount on line 17 or from PIT-B, line 14.....		18
18a. From Tax Rate Table = <b>R</b> . From PIT-B, line 14 = <b>B</b> ..... 18a <input checked="" type="checkbox"/>		894
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.....	+	19
20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. <b>Include a copy of other state's return.</b> See PIT-1 instructions.....	-	20
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. <b>Attach PIT-CR</b> .....	-	21
22. <b>NET NEW MEXICO INCOME TAX.</b> Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero.....	=	22
		894

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is **April 30, 2024**. All others must file by **April 15, 2024**. See PIT-1 instructions for details.

**Continue on the next page.**

**2023 PIT-1** (page 2)  
**NEW MEXICO PERSONAL INCOME TAX RETURN**



2  
**YOUR SOCIAL SECURITY NUMBER**

072-39-1215

**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, P. O. Box 25122, Santa Fe, New Mexico 87504-5122

23. The amount on line 22 from page 1.....	23	894
24. Total claimed on rebate and credit schedule (PIT-RC, line 26 ). <b>Attach PIT-RC</b> .....	24	
25. Working families tax credit. (You must complete lines 25, 25a, and 25b* or the deduction will be denied.).....	+	25
25a. The amount of federal earned income credit (EIC) reported on your 2023 federal income tax return or calculated under NM Expansion.....		
25b. *NM Expansion Only: Check this box if you <b>did not</b> qualify for the EIC on your federal return.. 25b		
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. <b>Attach PIT-CR</b> .....	+	26
27. New Mexico income tax withheld. <b>Attach annual statements of income and withholding</b> .....	+	27
28. New Mexico income tax withheld from oil and gas proceeds. <b>Attach 1099-Misc or RPD-41285</b> .....	+	28
29. New Mexico income tax withheld from or paid by a pass-through entity. <b>Attach 1099-Misc or RPD-41359</b> .....	+	29
30. 2023 estimated income tax payments. See PIT-1 instructions.....	+	30
31. Other Payments.....	+	31
<b>32. TOTAL PAYMENTS AND CREDITS.</b> Add lines 24 through 31.....	=	32
<b>33. TAX DUE.</b> If line 22 is <b>greater than</b> line 32, enter the difference here.....		33
34. Penalty on underpayment of estimated tax. See PIT-1 instructions .....	+	34
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. <b>Attach RPD-41272</b> .....		35
36. Penalty. See PIT-1 instructions. ....	+	36
37. Interest. See PIT-1 instructions. ....	+	37
<b>38. TAX, PENALTY, AND INTEREST DUE.</b> Add lines 33, 34, 36, and 37.....	=	38
<b>39. OVERPAYMENT.</b> If line 23 is <b>less than</b> line 32, enter the difference here.....		39
40. Refund voluntary contributions (PIT-D, line 18). <b>Attach PIT-D</b> .....	-	40
41. Amount from line 39 you want <b>applied to your 2024 Estimated Tax</b> .....	-	41
<b>42. AMOUNT TO BE REFUNDED TO YOU.</b> Line 39 minus lines 40 and 41.....	=	42

**Refund Express!!** *Have it directly deposited! See instructions and complete all questions in this block.*

RE. 1 Routing Number 111000614 RE. 2 Account Number 768920685 RE.3 Account Type: Checking  Savings

Re. 4: Will this refund go to or through an account outside of the United States? Important: If "yes," you can not use this refund method. See instructions. Yes  No

HSD. 1  Check this box if you would like to see if you and the members of your household qualify for medical insurance through the Human Services Department (HSD) or Health Insurance Exchange (NMHIE). Important: Checking this box gives the Taxation and Revenue Department permission to share information provided on the **PIT-1** and **PIT-S** with HSD and NMHIE. See instructions for additional information.

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
Driver's License, State ID No. or enter "NONE" or "DECLINED" State	Expiration Date
NONE	
Spouse's signature	Date
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" State	Expiration Date

(If filing jointly, BOTH must sign even if only one had income.)  
 Taxpayer's phone number (940) 390-0389  
 Taxpayer's email address VEERUPAVAN59@GMAIL.COM

**Paid preparer's use only:**

Signature of preparer SYAM PRIYA RAM SAGAR GUPTA T Date 02/17/2024

GLOBAL TAXES LLC

P.1 Firm's name (or yours, if self-employed)

P.2 NMBTIN

P.3 Preparer's PTIN P02082703

P.4 FEIN 84-3171965

P.5 Preparer's phone number (678) 965-9522

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