

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br><b>NIMMY A MATHEW</b> | Social security number<br><b>657-57-3891</b> |
| Spouse's name                            | Spouse's social security number              |

## Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 19,728. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 588.    |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 2,442.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 1,854.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 3 | 8 | 9 | 1 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ *Nimmy* Date ▶ 02/21/2024

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 2023, ending \_\_\_\_\_, 2023

See separate instructions.

Your first name and middle initial: NIMMY A; Last name: MATHEW; Your social security number: 657 57 3891

If joint return, spouse's first name and middle initial; Last name; Spouse's social security number

Home address (number and street): 4800 SAN MATEO LN NE; Apt. no.: 240; Presidential Election Campaign

City, town, or post office: ALBUQUERQUE; State: NM; ZIP code: 871092402; Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Foreign country name; Foreign province/state/country; Foreign postal code; You; Spouse

Filing Status: [X] Single; [ ] Married filing jointly; [ ] Married filing separately; [ ] Head of household (HOH); [ ] Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset? [ ] Yes [X] No

Standard Deduction: Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [ ] Were born before January 2, 1959 [ ] Are blind; Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1z and 1b-1i. Total amount from Form(s) W-2, box 1: 19,728.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Total income: 19,728. Adjusted gross income: 19,728. Standard deduction: 13,850. Taxable income: 5,878.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

|                        |  |  |           |      |
|------------------------|--|--|-----------|------|
| <b>Tax and Credits</b> | <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 588. |
|                        | <b>17</b>  | Amount from Schedule 2, line 3   | <b>17</b> |      |
|                        | <b>18</b>  | Add lines 16 and 17  | <b>18</b> | 588. |
|                        | <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |      |
|                        | <b>20</b>  | Amount from Schedule 3, line 8   | <b>20</b> |      |
|                        | <b>21</b>  | Add lines 19 and 20  | <b>21</b> |      |
|                        | <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 588. |
|                        | <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.   |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> | <b>24</b>  | 588.      |      |

|                 |   |   |            |        |
|-----------------|---|---|------------|--------|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:                               |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 2,442. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)                                  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c                                       | <b>25d</b> | 2,442. |
|                 | <b>26</b>   | 2023 estimated tax payments and amount applied from 2022 return | <b>26</b>  |        |
|                 | <b>27</b>   | Earned income credit (EIC) <input type="checkbox"/> <b>NO</b>   | <b>27</b>  |        |
|                 | <b>28</b>   | Additional child tax credit from Schedule 8812                  | <b>28</b>  |        |
|                 | <b>29</b>   | American opportunity credit from Form 8863, line 8              | <b>29</b>  |        |
|                 | <b>30</b>   | Reserved for future use   | <b>30</b>  |        |
|                 | <b>31</b>   | Amount from Schedule 3, line 15                                 | <b>31</b>  |        |
| <b>32</b>       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>   |            |        |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>   | 2,442.     |        |

|               |  |   |            |        |
|---------------|--|---|------------|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 1,854. |
|               | <b>35a</b>   | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 1,854. |
|               | <b>b</b>   | Routing number 1 0 7 0 0 0 3 2 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|               | <b>d</b>   | Account number 4 3 9 0 1 0 3 5 3 1 0 1  |            |        |
| <b>36</b>     | Amount of line 34 you want <b>applied to your 2024 estimated tax</b> | <b>36</b>   |            |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (505) 895-1269 Email address NIMMYALICE@GMAIL.COM

**Paid Preparer Use Only**

|  |   |      |                             |   |
|--|---|------|-----------------------------|---|
| Preparer's name<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer's signature<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Date | PTIN<br>P02470833           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |      | Phone no.<br>(678) 965-9522 | Firm's EIN<br>88-2145487                            |

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

|   |  |  |
|---|--|--|
| First Name, Middle Initial, and Last Name<br>NIMMY A MATHEW   | Social Security Number (SSN)<br>657-57-3891  | <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<br>4800 SAN MATEO LN NE, APT. 240 ALBUQUERQUE NM 87109-2402    |  |  |
| TAX YEAR (CCYY): <u>2023</u>  |  |  |
| FILING STATUS (Check One)   |  |  |
| <input checked="" type="checkbox"/> (1.) Single   | <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"/> (2.) Married filing jointly  | <input type="checkbox"/> (5.) Qualifying widow(er)   |  |
| <input type="checkbox"/> (3.) Married filing separately (Enter spouse's name and social security number.) |  |  |

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

|   |    |        |
|---|----|--------|
| 1. Federal Adjusted Gross Income (as reported on PIT-1) ..... | 1. | 19,728 |
| 2. Net New Mexico Income Tax (as reported on PIT-1).....      | 2. | 57     |
| 3. Total Payments and Credits (as reported on PIT-1) .....    | 3. | 890    |
| 4. Tax Due (as reported on PIT-1).....                        | 4. |        |
| 5. Overpayment (as reported on PIT-1) .....                   | 5. | 833    |

**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**

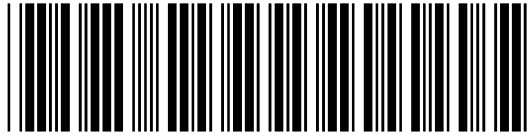
I declare the above taxpayer's return is based on all pertinent information of which I have knowledge. I have verified that the taxpayer's name shown on this declaration agrees with the name that appears on the proof of account. A copy of all forms and information to be filed with or transmitted to the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

|   |                              |
|---|------------------------------|
| Preparer's/Transmitter's signature<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Date                         |
| Check if self-employed <input type="checkbox"/>                         | Preparer's PTIN<br>P02470833 |
| Preparer's NMBTIN (if applicable)                                       |                              |
| Firm's name (or yours, if self-employed)<br>GLOBAL TAXES LLC            |                              |
| Address (number, street, city, and state)<br>245 ROONEY CT E BRUNSWICK  | ZIP code<br>NJ 08816         |

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

NOTE: The Taxpayer is required to retain Form PIT-8453 and all supporting documents for ten years; ERO is required to retain them for three years.

# 2023 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN



For the year January 1 - December 31, 2023  
or fiscal year beginning F<sub>1</sub> \_\_\_\_\_ ending F<sub>2</sub> \_\_\_\_\_

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)  
**NIMMY A MATHEW**

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

SOCIAL SECURITY NUMBER 1b **657-57-3891**

Blind or over 1c  1d  Residency status 1e **R**

Taxpayer's date of birth 1f **03/19/1991**

Spouse's date of birth 2f \_\_\_\_\_

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

3b Mailing Address (Number and street)  
**4800 SAN MATEO LN NE APT 240**

City **ALBUQUERQUE** State **NM** Postal/ZIP Code **871092402**

3c 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.

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

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

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

4d \_\_\_\_\_

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)

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

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

**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

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<br>Last name | Column 2<br>Dependent's SSN | Column 3<br>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) \_\_\_\_\_

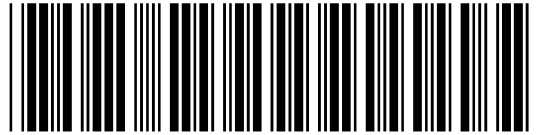
(5) Surviving Spouse with dependent child

|  |   |        |
|--|---|--------|
| 9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11).....   | 9 | 19,728 |
| 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.....<br>You must complete both lines 16 and 16a or the deduction will be denied.  | - | 16     |
| 16a. Unreimbursed and uncompensated medical care expenses..... 16a _____   |   | 0      |
| 17. <b>NEW MEXICO TAXABLE INCOME.</b> Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16.....<br>Cannot be less than zero   | = | 17     |
| 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 type="checkbox"/>  |   | 2,500  |
| 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     |
|  |   | 57     |

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**

657-57-3891

**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  | 57  |
| 24. Total claimed on rebate and credit schedule (PIT-RC, line 26 ). <b>Attach PIT-RC</b> .....   |   | 24  | 87  |
| 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.....  |   | 25a |     |
| 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  | 803 |
| 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  | 890 |
| <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  | 833 |
| 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  | 833 |

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

RE. 1 Routing Number 107000327 RE. 2 Account Number 439010353101 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<br>520262695 NM 09/28/2025 |      |
| 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 (505) 895-1269  
 Taxpayer's email address NIMMYALICE@GMAIL.COM

**Paid preparer's use only:**

VENKATA SAI PAVAN KUMAR DUDI  
 Signature of preparer Date

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

P.2 NMBTIN \_\_\_\_\_

P.3 Preparer's PTIN P02470833

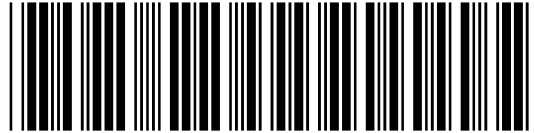
P.4 FEIN 88-2145487

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.

# 2023 PIT-RC

## NEW MEXICO REBATE AND CREDIT SCHEDULE



This schedule may be used by individuals who qualify for one or more refundable rebates and credits offered by New Mexico. Include Schedule PIT-RC with your personal income tax return, Form PIT-1.

Print your name (first, middle, last)  
**NIMMY A MATHEW**

**YOUR SOCIAL SECURITY NUMBER**  
**657-57-3891**

**SECTION 1: QUALIFICATIONS FOR REBATES AND CREDITS REPORTED IN SECTIONS 2 TO 5.** Complete Section 1 to claim the following rebates and credits in Sections 2 through 5. **IMPORTANT:** To claim any refundable tax credits in Section 6, you do not need to complete Section 1.

- Persons with Modified Gross Income of:
  - \$36,000 or less** may qualify for the **low income comprehensive tax rebate** (Section 2)
  - \$16,000 or less who are age 65 or older** may qualify for the **property tax rebate** (Section 3)
  - \$24,000 or less** who live in **Los Alamos County, Santa Fe County, or Doña Ana County ONLY** may qualify for **additional low income property tax rebate** (Section 4)
  - \$30,160 or less** may qualify for the **New Mexico child day care credit** (Section 5)

FOR COMPLETE ELIGIBILITY REQUIREMENTS, READ REBATE AND CREDIT SCHEDULE INSTRUCTIONS

**Qualifications for Credits and Rebates Reported in Sections 2 to 5.** You and your spouse, if applicable, must mark the box to indicate whether the statement is true. If the statement is not true, leave the box blank. If you are not married, leave the boxes in the spouse column blank.

|   | TAXPAYER                                 | SPOUSE                        |
|---|--|-------------------------------|
| A. I was a resident of New Mexico during any part of the tax year.....                                    | TRUE <input checked="" type="checkbox"/> | TRUE <input type="checkbox"/> |
| B. In 2023, I was physically present in New Mexico for at least six months.....                           | TRUE <input checked="" type="checkbox"/> | TRUE <input type="checkbox"/> |
| C. In 2023, I was NOT eligible to be claimed as a dependent of another taxpayer for income tax purposes.. | TRUE <input checked="" type="checkbox"/> | TRUE <input type="checkbox"/> |
| D. In 2023, I was NOT an inmate of a public institution for a period of more than six months.....         | TRUE <input checked="" type="checkbox"/> | TRUE <input type="checkbox"/> |

|   |   |      |
|---|---|------|
| 1. Number of exemptions from Form PIT-1, line 5.....  | 1 | 1    |
| 2. a. Enter number of household members who <b>DO NOT</b> qualify. If all exemptions qualify, leave blank.....<br>See PIT-RC instructions   | - | 2a   |
| b. <b>Subtract</b> 2a from 1. Number of allowable household members.....  | = | 2b 1 |
| c. Extra Exemption: Enter <b>1</b> if you <b>or</b> your spouse (if married filing jointly) are blind for federal income tax purposes.<br>Enter <b>2</b> if you <b>and</b> your spouse (if married filing jointly) are blind..... | + | 2c   |
| d. <b>Add</b> lines 2b and 2c.....  | = | 2d 1 |
| e. If you are 65 or older, enter <b>2</b> .....   | + | 2e   |
| f. If married filing jointly and your spouse is 65 or older, enter <b>2</b> .....   | + | 2f   |
| g. <b>Add</b> lines 2d, 2e, and 2f.....   | = | 2g 1 |
| h. If you checked filing status (3) married filing separately on your Form PIT-1, enter the number of exemptions,<br>if any, your spouse claimed on line 2g of your spouse's PIT-RC.....  | + | 2h   |
| 3. <b>Total. Add</b> lines 2g and 2h. Enter here and on line 13a on page 2 of this form.....  | = | 3 1  |

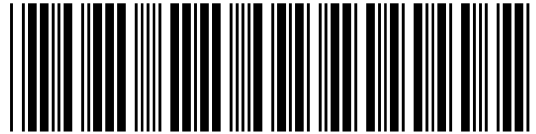
**CALCULATE MODIFIED GROSS INCOME.** Modified gross income, generally, is all income of the taxpayer and household members, both taxable and nontaxable, and undiminished by losses. See instructions for types of income you do not need to include in modified gross income. **NOTE:** If married filing separately, be sure to include your spouse's income.

|  |   |           |
|--|---|-----------|
| 4. Wages, salaries, tips, etc.....   | 4 | 19,728    |
| 5. Social security benefits, pensions, annuities, and Railroad Retirement.....   | + | 5         |
| 6. Unemployment and workers' compensation benefits.....  | + | 6         |
| 7. Public assistance, TANF and Supplemental Security Income (SSI).....   | + | 7         |
| 8. Net profit from business, farm, or rentals. <b>If a loss, enter zero, DO NOT enter a negative number</b> .....  | + | 8         |
| 9. Capital gains undiminished by capital losses.....   | + | 9         |
| 10. Gifts of cash or marketable tangible items received. (You must give the items a reasonable value.).....  | + | 10        |
| 11. All other income such as interest, dividends, gambling winnings, insurance settlements, scholarships, grants, VA benefits, trust income and inheritance, alimony, and child support.....               | + | 11        |
| 12. Modified Gross Income. Add lines 4 through 11. Enter the total on line 12 and on line 13 of page 2.<br><b>(Total must equal or exceed Federal Adjusted Gross Income from Form PIT-1, line 9)</b> ..... | + | 12 19,728 |

2023 PIT-RC (page 2)
NEW MEXICO REBATE AND CREDIT SCHEDULE

YOUR SOCIAL SECURITY NUMBER

657-57-3891



SECTION 2: LOW INCOME COMPREHENSIVE TAX REBATE (If line 13 is MORE than \$36,000, DO NOT complete line 14.)

- 13. Enter Modified Gross Income from line 12
a. Enter Total Exemptions from line 3
14. Low income comprehensive tax rebate. On Table 1 in the instructions, find the Modified Gross Income range that includes the amount on line 13, then move across to the column that matches the number of exemptions online 13a. Married couples filing separately must divide the result by two

Table with 2 columns and 3 rows. Row 1: 13 | 19,728. Row 2: 13a | 1. Row 3: 14 | 87

SECTION 3: PROPERTY TAX REBATE FOR PERSONS 65 OR OLDER. (If line 13 is more than \$16,000, DO NOT complete this section.)

- 15. PROPERTY OWNED. Tax billed for the calendar year on principal place of residence
16. PROPERTY RENTED
a. Amount of rent paid during the tax year for principal place of residence
b. If the amount entered on line 16a includes rent a government entity paid on your behalf, mark here
c. Multiply line 16a by 0.06 and enter the amount here
17. REBATE AMOUNT
a. Add lines 15 and 16c and then enter the total here
b. Find the Modified Gross Income range, on Table 2 in the instructions, that corresponds to the amount on line 13. Read across the table to the Column showing your maximum property tax liability and enter the amount here
c. Property tax rebate. Subtract line 17b from 17a. Do not enter more than \$250, or if married filing separately, more than \$125

Table with 2 columns and 6 rows. Row 1: 15 | [ ]
Row 2: 16a | [ ]
Row 3: 16b | [ ]
Row 4: 16c | [ ]
Row 5: 17a | [ ]
Row 6: 17b | [ ]
Row 7: 17c | [ ]

SECTION 4: ADDITIONAL LOW INCOME PROPERTY TAX REBATE for Los Alamos, Santa Fe County, or Doña Ana County residents only. (If line 13 is over \$24,000, DO NOT complete this section.)

You must indicate the county.

- 18 LA Los Alamos County
18 SF Santa Fe County
18 DA Doña Ana County

- 18. REBATE AMOUNT
a. PROPERTY OWNED only. Tax billed for the calendar year on principal place of residence
b. Find the Modified Gross Income range, on Table 3 in the instructions, that corresponds to the amount on line 13. Read across the table to the Column showing your property tax rebate percentage and enter here
c. Multiply line 18a by line 18b and enter here. Do not enter more than \$350, or if married filing separately, more than \$175

Table with 2 columns and 4 rows. Row 1: 18a | [ ]
Row 2: 18b | %
Row 3: 18c | [ ]
Row 4: [ ] | [ ]

SECTION 5: NEW MEXICO CHILD DAY CARE CREDIT. If Modified Gross Income on line 13 is \$30,160 or less, use the worksheet in the instructions to calculate your available child day care credit. Attach the worksheet and Forms PIT-CG.

- 19. Enter either the total of Column G on the worksheet or \$1,200, WHICHEVER IS LESS
20. Number of qualified dependents under age 15 receiving child day care
21. Enter the portion of the federal child care credit applied against your federal tax from federal Schedule 3, line 2
22. New Mexico child day care credit. Subtract line 21 from line 19. Married couples filing separately must divide the result by two

Table with 2 columns and 4 rows. Row 1: 19 | [ ]
Row 2: 20 | [ ]
Row 3: 21 | [ ]
Row 4: 22 | [ ]

SECTION 6: REFUNDABLE TAX CREDITS.

- 23. Refundable medical care credit for persons 65 or older. See PIT-RC instructions
24. Special needs adopted child tax credit
25. Child Income Tax Credit

Table with 2 columns and 3 rows. Row 1: 23 | [ ]
Row 2: 24 | [ ]
Row 3: 25 | [ ]

SECTION 7: TOTAL REBATES AND CREDITS CLAIMED

- 26. Add lines 14, 17c, 18c, 22, 23, 24, and 25. Enter here and on Form PIT-1, line 24

Table with 2 columns and 1 row. Row 1: 26 | 87