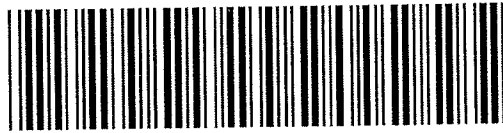


2018 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2018

or fiscal year beginning F1 ending F2
If amending use Form 2018 PIT-X.



1a Print your name (first, middle, last) **ALAN R. HALL**

1b SOCIAL SECURITY NUMBER [REDACTED]

1c Blind or over 65

1d Residency status **R**

1e Taxpayer's date of birth **03-25-1953**

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

2b SOCIAL SECURITY NUMBER [REDACTED]

2c Blind or over 65

2d Residency status **R**

2e Spouse's date of birth **12-07-1951**

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

3b Mailing Address (Number and street) **511 SOLAR ROAD NW**

3c City **ALBUQUERQUE** State **NM** Postal/ZIP Code **87107**

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 _____

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 RES.
P if PART-YEAR RES.

5. **2** 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)

EXTENSION OF TIME TO FILE.

6a If you have a federal or state extension, mark the box and enter the extension date. 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.)

Column 1	Column 2	Column 3
First name	Last name	Dependent's SSN

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) Qualifying widow(er) with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 7)..... **9 185,696**

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 5). Attach PIT-ADJ..... + **11**

12. Federal standard or itemized deduction amount (from federal Form 1040, line 8) - **12 26,600**

12a. If you itemized, mark the box..... 12a

13. Federal exemption amounts are suspended for tax years 2018 through 2025 by the Federal Tax Cuts and Jobs Act. The amount on this line is zero (0) until the expiration date - **13 0**

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 22). Attach PIT-ADJ..... - **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. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 14, 15 and 16..... = **17 159,096**
Cannot be less than zero.

18. New Mexico tax on amount on line 17 or from PIT-B, line 14..... **18 7,386**

18a. From Rate Table = **R**. From PIT-B, line 14 = **B**. 18a **R**

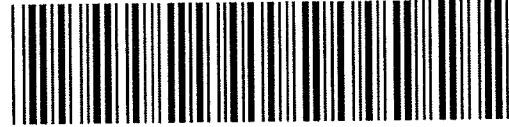
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions..... + **19**

20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions..... - **20**

21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR..... - **21**

22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero..... = **22 7,386**

2018 PIT-1 (page 2)
NEW MEXICO PERSONAL INCOME TAX RETURN



YOUR SOCIAL SECURITY NUMBER



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

THIS BOX IS INTENTIONALLY LEFT BLANK

23. The amount on line 22 from page 1.....	23	7,386
24. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC.....	24	
25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.).....	25	
25a. The amount of federal earned income credit (EIC) reported on your 2018 federal income tax return.....	25a	
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR.....	26	
27. New Mexico income tax withheld. Attach annual statements of income and withholding.....	27	6,444
28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285.....	28	
29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359.....	29	
30. 2018 estimated income tax payments. See PIT-1 instructions.....	30	
31. Other Payments.....	31	
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.....	32	6,444
33. TAX DUE. If line 23 is greater than line 32, enter the difference here.....	33	942
34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank.....	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. Attach RPD-41272.....	35	
36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank.....	36	
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank.....	37	
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.....	38	942
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.....	39	
40. Refund voluntary contributions (PIT-D, line 17). Attach PIT-D.....	40	
41. Amount from line 39 you want applied to your 2019 Estimated Tax.....	41	
42. AMOUNT TO BE REFUNDED TO YOU. 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:

RE.2 Account number:

RE.3 Type: Choose one.
 Checking Mark X by your choice.
 Savings

REQUIRED: You must answer this question. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.
 RE.4 YES NO

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 <i>Alan Hall</i>	Date 3-26-19
REQUIRED: DRIVER'S LICENSE, STATE ID No. or "NONE" [Redacted]	State NM
Expiration Date 4-23-26	
Spouse's signature <i>Cynthia B. Hall</i>	Date 3/26/19
REQUIRED: SPOUSE'S DRIVER'S LICENSE, STATE ID No. or "NONE" [Redacted]	State NM
Expiration Date 5-24-19	

(If filing jointly, BOTH must sign even if only one had income.)

Taxpayer's phone number 505-620-2675

Taxpayer's email address ahall@rodey.com

Paid preparer's use only:

Signature of preparer _____ Date _____

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

P.2 NM CRS identification number _____

P.3 Preparer's PTIN _____

P.4 FEIN _____

P.5 Preparer's phone number _____

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

Control number	1 Wages, tips, other compensation	108526.42	2 Federal income tax withheld	41732.21
4/8 No. 45-0008	3 Social security wages	124376.38	4 Social security tax withheld	7711.37
	5 Medicare wages and tips	124376.38	6 Medicare tax withheld	1803.46
Employee's name, address, and ZIP code Odey Dickason Sloan Akin & Robb PA O. Box 1888 buquerque, NM 87103				
Social security tips	8 Allocated tips	0.00	9 Verification code	
Dependent care benefits	11 Nonqualified plans	12c 12d 15849.96		
201 18534.00				
Employer identification number (EIN) 50216511				
Statutory employee	Retirement plan	Third-party sick pay	14 Other	
Employee's name, address, and ZIP code an R Hall 1 Solar Rd NW buquerque, NM 87107				
15 State NM	Employer's state ID number 01772278000	16 State wages, tips, etc. 108526.42		
Wage and Tax Statement				
17 State income tax 3818.69	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2 Wage and Tax Statement 2018**

c Employer's name, address, and ZIP code STATE OF NEW MEXICO DEPARTMENT OF FINANCE AND ADMINISTRAT 407 GALISTEO STREET SANTA FE NM 87501		7 Social security tips	1 Wages, tips, other compensation 74498.56	2 Federal income tax withheld 6874.53
e Employee's name, address, and ZIP code CYNTHIA B HALL 511 SOLAR ROAD NW ALBUQUERQUE NM 87107		8 Allocated tips	3 Social security wages 91806.58	4 Social security tax withheld 5692.01
		9 Verification code	5 Medicare wages and tips 91806.58	6 Medicare tax withheld 1331.20
		10 Dependent care benefits	11 Nonqualified plans	12a G 9280.00
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other Retrmnt 8028.02	12b
		b Employer identification number (EIN) 85-6000565		12c
		a Employee's social security number [REDACTED]		12d
15 State NM	Employer's state ID number 01-505826-003	16 State wages, tips, etc. 74498.56	17 State income tax 2625.68	18 Local wages, tips, etc.
			19 Local income tax	20 Locality name

