

STATE OF NEW MEXICO TAXATION AND REVENUE DEPARTMENT
**INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
AND TRANSMITTAL
PIT-8453**

2008

For the year January 1 - December 31, 2008

Your first name & middle initial	Last name	Social security number		RESIDENCY STATUS
Spouse's first name & middle initial	Last name	Social security number		RESIDENCY STATUS
Your mailing address, city, state and ZIP code				

FILING STATUS (Check One)

<input type="checkbox"/> (1) Single	<input type="checkbox"/> (3) Married filing separately (Enter spouse's Social Security Number)
<input type="checkbox"/> (2) Married filing jointly	<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"/> (5) Qualifying widow(er)

PART I TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1. Federal Adjusted Gross Income (PIT-1 Form, Line 7)	1.	
2. Net New Mexico Income Tax (PIT-1 Form, Line 19)	2.	
3. Total Payments and Credits (PIT-1 Form, Line 26)	3.	
4. Tax Due (PIT-1 Form, Line 27)	4.	
5. Overpayment (PIT-1 Form, Line 33)	5.	

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 data, 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.)
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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/Transmitter's signature		Date
Check if self-employed <input type="checkbox"/>	CRS identification number	
Firm's name (or yours if self-employed)		
Address (number, street, city & state)	Zip code	

**When required to submit a copy of this form to the Department, mail form and attachments to:
New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418**