

PIT-ES New Mexico Individual Estimated Tax Payment Voucher

Tax Year _____

Indicate quarter the payment is to be applied to: APRIL 15 JUNE 15 SEPTEMBER 15 JANUARY 15

YOUR FIRST NAME AND INITIAL	LAST NAME	YOUR SOCIAL SECURITY NUMBER
SPOUSE'S FIRST NAME AND INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER
ADDRESS (Number & Street)	CITY, STATE AND ZIP CODE	<input type="checkbox"/> Check this box if address is new or changed

Mail payment and voucher to:
New Mexico Taxation and Revenue Department
P.O. Box 8390, Santa Fe, NM 87504-8390
Please do not include payment for any other return with this voucher.

AMOUNT OF PAYMENT \$ [_____]

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