

Please Type or Print	Your First Name and Initial	Last Name	<b>Please Do Not Write In This Space</b>
	If a Joint Return, Spouse's First Name and Initial	Last Name	
	Current Mailing Address (Number and Street or PO Box)		
	City	State	
<b>Important: SSN(s) must be entered below.</b> Your Social Security Number		Spouse's Social Security Number	High School District Code


(1)  Farmer/Rancher      (2)  Active Military      (1)  Deceased Taxpayer(s)  
 (first name & date of death): \_\_\_\_\_

**1 Federal Filing Status:**  
 (1)  Single      (3)  Married, filing separately – Spouse's SSN: \_\_\_\_\_ (4)  Head of Household  
 (2)  Married, filing jointly      and Full Name      (5)  Widow(er) with dependent children

**2a** Check if YOU were: (1)  65 or older      (2)  Blind      **2b** Check here if someone (such as your parent) can claim you or  
 SPOUSE was: (3)  65 or older      (4)  Blind      your spouse as a dependent: (1)  You      (2)  Spouse

**3 Type of Return:**  
 (1)  Resident      (2)  Partial-year resident from \_\_\_\_\_, 2017 to \_\_\_\_\_, 2017 (attach Schedule III)  
 (3)  Nonresident (attach Schedule III)

<b>4</b> Federal exemptions (number of exemptions claimed on your 2017 federal return) . . . . .	<b>4</b>		00
<b>5</b> Federal adjusted gross income (AGI) (line 4, Federal Form 1040EZ; line 21, Federal Form 1040A; line 37, Federal Form 1040) . . . . .	<b>5</b>		00
<b>6</b> Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$6,350 if single; \$12,700 if married, filing jointly or qualified widow[er]; \$6,350 if married, filing separately; or \$9,350 if head of household)	<b>6</b>		00
<b>7</b> Total itemized deductions (line 29, Federal Schedule A – see instructions) . . . . .	<b>7</b>		00
<b>8</b> State and local income taxes (line 5, Schedule A, Federal Form 1040 – see instructions) . . . . .	<b>8</b>		00
<b>9</b> Nebraska itemized deductions (line 7 minus line 8) . . . . .	<b>9</b>		00
<b>10</b> Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9) . . . . .	<b>10</b>		00
<b>11</b> Nebraska income before adjustments (line 5 minus line 10) . . . . .	<b>11</b>		00
<b>12</b> Adjustments increasing federal AGI (line 10, from attached Nebraska Schedule I)	<b>12</b>		00
<b>13</b> Adjustments decreasing federal AGI (line 31, from attached Nebraska Schedule I)	<b>13</b>		00
<b>14</b> Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebraska Schedule III before continuing . . . . .	<b>14</b>		00
<b>15</b> Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.) . . . . .	<b>15</b>		00
<b>16</b> Nebraska other tax calculation: <b>a</b> Federal Tax on Lump-Sum Distributions (Federal Form 4972) <b>16 a</b> \$ _____ <b>b</b> Federal tax on early distributions (lesser of Federal Form 5329 or line 59, Federal Form 1040) . . . . . <b>16 b</b> \$ _____ <b>c Total</b> (add lines 16a and 16b) . . . . . <b>16 c</b> \$ _____ Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III . . . . .	<b>16</b>		00
<b>17</b> Total Nebraska tax before personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 42. . . . .	<b>17</b>		00

18	Nebraska personal exemption credit for residents only (\$132 per exemption) . . . . .	18		00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return) . . . . .	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R) . . . . .	20		00
21	Community Development Assistance Act credit (attach Form CDN) . . . . .	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N) . . . . .	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions) . . . . .	23		00
24	Credit for financial institution tax (attach Form NFC) . . . . .	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.) . . .	25		00
26	School Readiness Tax Credit for providers (see instructions) . . . . .	26		00
27	Total nonrefundable credits (add lines 18 through 26) . . . . .	27		00
28	Nebraska tax after nonrefundable credits. Subtract line 27 from line 17 (if line 27 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see page 10 in the instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return . . . . .	28		00
29	Total Nebraska income tax withheld (attach 2017 Forms, see instructions) a W-2 \$ _____ b K-1N \$ _____ c W-2G, 1099-R, 1099-MISC, or others \$ _____ . . . . .	29		00
30	2017 estimated tax payments (include any 2016 overpayment credited to 2017 and any payments submitted with an extension request) . . . . .	30		00
31	Form 3800N refundable credit (attach Form 3800N) . . . . .	31		00
32	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N) . . . . .	32		00
33	Beginning Farmer credit (from Form 1099 BFC) . . . . .	33		00
34	Nebraska earned income credit. Enter number of qualifying children 97 <input type="text"/> Federal credit 98 \$ <input type="text"/> .00 x .10 (10%) (attach pages 1-2 of federal return) . . . . .	34		00
35	Angel Investment Tax Credit (see instructions). . . . .	35		00
36	Credit for qualified Volunteer Emergency Responders (see instructions) . . . . .	36		00
37	School Readiness Tax Credit for qualified staff members (see instructions) . . . . .	37		00
38	Total refundable credits (add lines 29 through 37) . . . . .	38		00
39	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/> . . . . .	39		00
40	<b>Total tax and penalty.</b> Add lines 28 and 39 . . . . .	40		00
41	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax 91 \$ _____ State tax 92 \$ _____ (purchases x 5.5%); Enter purchases subject to local tax 93 \$ _____ Local tax 94 \$ _____ (purchases x local rate of _____%) 95 Local code _____ (see local rate schedule); Add state and local taxes and enter on line 41. If no use tax is due, enter -0- on line 41. . . . .	41		00
42	<b>Total amount due.</b> If line 38 is less than total of lines 40 and 41, subtract line 38 from the total of lines 40 and 41. Pay this amount in full. For electronic or credit card payment, check here <input type="checkbox"/> and see instructions . . .	42		00
43	<b>Overpayment.</b> If line 38 is more than total of lines 40 and 41, subtract total of lines 40 and 41 from line 38. . .	43		00
44	Amount of line 43 you want applied to your 2018 estimated tax . . . . .	44		00
45	Wildlife Conservation Fund donation of \$1 or more . . . . . 	45		00
46	Amount of line 43 you want <b>refunded</b> to you (line 43 minus lines 44 and 45) <b>Your refund will generally be issued by July 15, if your paper return is filed by April 15</b> (see instructions) . . . . .	46		00

47a Routing Number  47b Type of Account  1 = Checking 2 = Savings

47c Account Number   
(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes blank.)



47d  Check this box if this refund will go to a bank account outside the United States.

Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is correct and complete.

**sign here**  Your Signature  Date ( )  Email Address

Keep a copy of this return for your records.  Spouse's Signature (if filing jointly, both must sign)  Daytime Phone

**paid preparer's use only**  Preparer's Signature  Date  Preparer's PTIN ( )

Print Firm's Name (or yours if self-employed), Address and Zip Code  EIN  Daytime Phone

Mail returns **requesting a refund** to: Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912.  
Mail returns **not requesting a refund** to: Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.