NEBRASKA
Good Life. Great Service.

Nahraska Fiduciary Income Tay Return

FORM 1041N

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God	od Life. Great Service.		ible year January 1, 202		2024			
	DEPARTMENT OF REVENUE		eginning	, 2024 and endin	g	, 20		
Na	ame of Estate or Trust				PLEASE DO NO	OT WRITE IN THIS SI	PACE	
Na	ame and Title of Fiduciary				_			
St	reet or Other Mailing Address o	f Fiduciary						
ype of	ty	(State	ZIP Code	-			
<u> </u>	1 1 1 1 N 1		Is a upwar		T (T) (I	0 1 7 0 1		
leas Ne	ebraska ID Number		Federal ID Number		Testamenta	Grantor Type, See In		Grantor Type
St	atus of Estate or Trust	Type of Ret	<u> </u> turn		Testamenta	Ty Inter viv	703	Grantor Type
) Resident (2) Nonres	1	Simple Trust	Complex Trust	ESB	Γ Bankrup	otcy Estate	Amended Return
Che	ck applicable boxes:							
	Initial Nebraska Return	(2) Final R	eturn (3) C	Change in Address	(4) 70	04 Attached	(5) Dis	tributed Form 3800N Credit
Do	pes the estate or trust have non	resident individua	l beneficiaries?		Is the trust a poo	oled income fund?		
	YES (Complete Schedule	II) NO			YES	NO		
1	Total federal income						1	00
	Federal taxable income							00
	Undistributed income fr	•		•			3	00
4	Undistributed income fi							
	increasing federal taxa	ble income ind	cludes NE state and lo	ocal income, sales	and use taxe	s deducted unde	er	
	section 164 of the IRC		l- A					
	a List type: Enter total adjustments	in line 4h and	D Amount:	t on line 4			1	00
5	Special Capital Gains/E							00
	Nebraska adjustments							- 00
·	a List type:		b Amount:			•		
	Enter total adjustments	line 6b and e	nter total of amount of	n line 6			6	00
7	Nebraska taxable incor	me (line 2 plu	s line 4) minus (lines	3, 5, and 6)			7	00
			ust complete Nebraska					
	Nebraska income tax (00
	Nebraska other tax (Fe							00
10								00
11	Total Nebraska tax (tot Credit for tax paid by re		•				00	00
12	Community Developme						00	
14	Form 3800N nonrefund						00	
	Employer's credit for ex						00	
	NE employer tax credit	•	, ,	(,			
	Enter certificate number	r from Form E	TC-A		16		00	
17	School Readiness Tax	Credit for prov	viders		17		00	
18	Child Care Tax Credit for							
	Enter certificate number						00	
	Opportunity Scholarshi						00	
20	Creating High Impact E	conomic Futu	res (CHIEF) credit		20		00	

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22 Nebr. income tax after nonrefundable credits. Subtract line 21 from line 11 (if line 21 is greater than line 11, enter zero -0-)

Fo	rm 1041N (2024)	Р	age 2
23	Nebraska income tax withholding for nonresident individual beneficiaries [total of column (G), Schedule II]	23	00
24	Total Nebraska income tax liability (line 22 plus 23)	24	00
25	Form 3800N refundable credit (attach Form 3800N)		
26	Tax deposited with Form 7004N and 2024 estimated income tax payments 26 00		
27		1	
28	Credit for community college property taxes (attach Form PTC)		
	PTET credit (attach Schedules K-1N)		
	a Name: b NE ID Number:		
	c Amount claimed by fiduciary (Enter on line 29 and line 2, Schedule PTET):		
	\$		
	d Amount distributed to beneficiaries (Enter on line 3, Schedule PTET):		
	\$ <u>29</u> 00		
30	Other credits (attach Nebraska copy of Federal Forms W-2, 1099-R, or W-2G) 30		
	Total payments (total of lines 25 through 30)	31	00
	TAX DUE (if line 24 is greater than line 31, subtract line 31 from line 24)		00
33	OVERPAYMENT (if line 31 is greater than line 24, subtract line 24 from line 31)	33	00
	Overpayment on line 33 you want credited to 2025 estimated income tax	34	00
35	Overpayment to be REFUNDED (line 33 minus line 34). Direct deposit: Complete lines 36a, 36b, 36c to		
	receive your refund electronically. Complete line 36d if appropriate (see instructions)	35	00
36		irect	
360	e Account Number	eposit	
360	☐ 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, including accompanying schedule	es and statements,	
	and to the best of my knowledge and belief, it is correct and complete.		
S	sign		
ŀ	Signature of Fiduciary or Officer Representing Fiduciary Date Email Address		
	(
	paid Title Phone Number		
pre	parer's Preparer's Signature Date Preparer's PTIN		
us	e only	()	
	Firm's Name (or yours if self-employed), Address and ZIP Code EIN	Davtime Phone	

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Nebraska Schedule I — Computation of Nebraska Tax for Nonresident Estate or Trust Nebraska Schedule II — Nonresident Beneficiary's Share of Nebraska Income,

Deductions, and Credits

Nebraska Schedule III — Credit for Tax Paid to Another State

Name on Form 1041N

Nebraska ID Number

FORM 1041N

Schedules I, II, and III

2024

	Nebraska Sched	ule I –	-Com	put	ation of Neb	rask	ka Tax fo	or N	onresident Est	tate	e or T	rust		
Nebraska taxable income (line 7, Form 1041N)										1			00	
	2 Nebraska income tax on line 1 amount (see Form 1041N, line 8 instructions)													00
	Nebraska other tax (see Form 1041N, line 9 instructions)										3			00
	 4 Total Nebraska tax (line 2 plus line 3)										_			00
_	(see instructions)										5			00
 6 Nebraska capital and ordinary gain (loss) (attach schedule) (see instructions) 7 Adjustments, if any, applied to Nebraska income (includes Nebraska state and local income, sales and use 											6			00
taxes deducted under section 164 of the IRC) (see instructions)														
	a List type: b Amount: b Amount:													00
8	Enter total adjustments in line 7b and enter total of amount on line 7													00
	Nebraska share of line 4. Compu	te belov	٧.		·									
	Calculate the ratio to five decimal Line 8	l places	and rou	und t	o four									
	(Form 1041N lines 1 + 4) - (Form 1041	IN Lines	3, 5, and	 =	. (Ratio)	X	(Line	4)	=		9			00
	Electing Small Business Trust (E	SBT) N	lebraska	a Ta	x. (from line 18 o						10			00
11	Total Nebraska tax (add lines 9 a				•						11			00
	Nebraska Schedule II—I Note: If simple trust with out-		benefic	iaries	and only portfoli	io inc	ome, do no	ot co	mplete Schedule II.					
	Nama		Name A		Address Of Each			nefic				\	7ID 0 0	.l.
	Name			Stre	et or Other Mailir	ng Ad	iaress		City		-	State	ZIP Co	ae
	DRAFT AS OF 9/9/2024													
2														
	3 DO NOT FILE													
	_													
	4								Computation	n of	Nobras	ka Tav V	Vithheld	
	(A) Social Security Number or		(B)		(C)		(D) Check if		(E)		(G)			
	Nebraska ID Number of Nonresident Beneficiary				Nebraska Deductions	Form 12			lebraska Source Income Subject to Withholding		(F) Rate	Та	ax Withholding	
	of Nonresident Beneficiary							[Co	umn (B) minus Column	(C)]		(Enter o	n Nebr. Sch.	K-1N)
	1			00		00				00	.0584			00
	2			00		00				00	.0584			00
	3			00		00				00	.0584			00
	-													
	4			00		00				00	.0584			00
	5 TOTALS [enter total of column (G) on line 23, Form 1041N]			00		00				00				00
	Nebraska Schedule II	II—C	redit fo		ax Paid to Ar		er State	e fo			or Ti	rust (Only	100
	A copy of the return filed with a													
1 Nebraska tax (line 11, Form 1041N)								1			00			
2 Taxable income from another state									2			00		
3	Computed tax credit		Line 2,	Sch	edule III x I		I, Schedul			•				
			Line 7,	Form	n 1041N		., ວວກວດຕາ	. 🗸 111			3			00
4 Tax due and paid to another state (attachment required) (see instructions)								4			00			
4	- Tax due and paid to another state (attachment required) (see instructions)									-			100	
5 Maximum tax credit (line 1, 3, or 4, whichever is least). Enter amount here and on line 12, Form 1041N									5			00		



Nebraska Schedule PTET — Beneficiary's Share of Nebraska Pass-Through Entity Tax Credit • Only use this schedule if the fiduciary is distributing the PTET credit.

FORM 1041N Schedule PTET 2024

DEPARTMENT OF REVENUE												2024	4
Name on Form 1041N									Nebra	aska ID Number			
1 Total Nebraska F	PTET received	by trust or estate (attach all S	chedules K-1	N received fro	m partnership	os and S corp	orations).	1				00
2 PTET credit claimed by trust or estate and not distributed (enter here and on Form 1041N, line 29)													00
3 Total PTET credi	it distributed by	y the trust or estate	to the bene	eficiaries (ent	er here and o	n Form 1041N	N, Line 29d)		3				00
							Complete for all	beneficiarie	s				'
							hare of Nebrask		-				
(A)) ry Name	(B) Beneficiary SSN/FEIN	(C) Percent of Income	[Enter the d	istributed PTET	credit from the		able year in Columns (D) through (I) and Total					
Beneficiary				(D)	(E)	(F)	(G)	(H)		(I)	(J)		
				2018	2019	2020	2021	2022		2024	Tota	al Distributed credits	PTET
											[To	tal of Column through (I)]	
											 	tillough (i)]	l
				DRA	ET AS	OF S	1/9/20	24					
							10120			ļ			
				1 00	HOTF	HLE							
Totals													