

DEPARTMENT OF REVENUE

Electronic Document & Application Submission Hub (eDASH) Instructions

The Nebraska Department of Revenue (DOR) recommends using a computer, laptop, or tablet for this process. Entry on a mobile phone is possible but is not ideal.

Go to https://ndr-edash.ne.gov/eDash/index.xhtml

CENTURION			DEBRASKA Good Life. Great Vision Grids of the co
		Accept Institution	
	Log in		
	Password *		
	* indicates required field	Ecrost Research	
	Create User Account		
	Email *	Enter an email address to register	
	* indicates required fields	Register New Account	
THIS IS A GOVERNMENT COM ATTEMPTS TO USE, ALTER, D	PUTER SYSTEM, UNAUTHORIZE ESTROY OR DAMAGE DATA, PR	D ACCESS IS PROHIBITED, ANYONE USING THIS SYSTEM IS SUBJECT TO MONITORING DODAANS ON EQUIPMENT COULD RESULT IN CRIMINAL PROSECUTION.	UNAUTHORIZED ACCESS OR
	Pulkies	Contact Us E20	
		1	
		N ac	ote: FAQs about your Centurion

If you do not already have a User Account for Centurion, go to the lower section "Create User Account", and enter your email address. Click the "Register New Account" button.

	Accept Invitation
Log In	
Username *	
Password *	
* indicates required fields	Cog In Forgot Password
Create User Account	
Email *	Enter an email address to register
* indicates required fields	C Register New Account

If you already have a User Account for Centurion, log in on the top section of the screen with your current Centurion Username and Password. Once you are logged in, proceed to page 5 in these instructions.

Create User Account				
User Information First Name * Last Name * Email * Public.User@gmail.com Note: this email can be different than the email that received your invitation	Rules Username Must be at least 5 characters long. Maximum length is 20 characters. Must not contain any spaces. Must not end with a period. Must not contain @ /\\()[]:;] = + *? <> ",			
Login Information Username * Password * Confirm Password *	 Password New Password and Confirm Password are required. New Password and Confirm Password must match. Must be at least 12 characters long but not exceeding 128 characters. Is case sensitive. Must contain at least three of the following four complexity requirements: at least one uppercase letter; at least one lowercase letter; at least one special character. Must not repeat any character sequentially more than two times. Must not contain the username Must not contain parts of the user's full name that exceed two consecutive characters. Must not include any of the following values: password, huskers, or admin. Must not have been previously used. 			
Security Questions Question 1 * Select a security question Question one answer Question 2 * Select a security question Question two answer Question 3 * Select a security question Question three answer Concel * indicates required fields	 Security Questions Select 3 different security questions. Must answer all questions. Answers must be at least 5 characters long. Must have unique answers. Answer can only contain letters, numbers, spaces, and the following special characters:,/: 			

Complete the required fields and click the "Register" button. Once registration is complete, you will see the Accept Invitation menu again. Go to the top section and log in with the username and password for the account you just created.

Log In		
Username *	Public.User	
Password *		
	C Log In	
* indicates required fie	lds	Forgot Passwo
Create User Account		
Create User Account Email *	Enter an email address to register	
Create User Account Email *	Enter an email address to register Register New Account	

Once logged in, you will see this page.

NEBRASKA Good Life. Great Service. BENETIKIT OF ROTAGE	Nebraska electronic Document & Application Submission Hub (eDASH)	
	e D A S H	[→ Logout
eDASH Menu		
圇 Home	Choose a Document to Complete:	
Nebraska Department of Revenue Website	Select	~
C eDASH Instructions	\rightarrow Begin	
My Submissions		
	Nebraska Department of Revenue PO Box 94818 Lincoin, NE 68509-6418 402-471-5729 800-142-7474 Net and IA	

From the drop-down menu, select the document to complete.

	Choose a Document to Complete:
	FRVA, First Responder Certificate of Verification & Authorization for Release of Information
	Select
_	FRVA, First Responder Certificate of Verification & Authorization for Release of Information

Click "Begin" to open the document dialog.



Note: Some documents in eDASH have restricted access. If you attempt to access a restricted document, you may be prompted to request access. In this case, additional registration information will be required, and access will only be granted once the requestor's registration information has been authenticated.

The name of the document you selected will be displayed at the top of the screen along with instructions related to completing the document in eDASH. Read the instructions and click the "Start New Form" button.

NOTE: Some documents may have the option to "Resume Form" if you started entry on a document and exited eDASH prior to submitting the completed document (see next page).

Example:				
First Responder Certificate of Verification & Authorization for Release of Information				
Instructions				
Complete the Certificate of Verification & Authorization for Release of Information, Form FRVA, and submit the form with the required supplemental documentation directly to the Department of Revenue (DOR) through this electronic Document & Application Submission Hub (eDASH). When using this secure method of submission, you will receive an email confirmation containing a reference number that should be kept with your records as proof your form was received by DOR. Check your spam or junk folder if you do not see the confirmation in your inbox.				
If your pay stub does not contain any information regarding your position, please also attach documentat	ion regarding your job title and position description from your HR representative/office.			
When DOR completes its review indicating the form has been verified or not verified, you will receive another email directing you to log back in to eDASH to view the form. You may print a copy of the completed Form FRVA for your records and to include with the application for the tuition waiver submitted to the public postsecondary educational institution.				
By entering an email address, the First Responder acknowledges that DOR may contact the First Responder by email. The First Responder accepts any risk to confidentiality associated with this method of communication.				
The Form FRVA must be completed and submitted each year to DOR with the required documentation for verification of residency and employment of the officer or firefighter when filing an application for a tuition waiver with a public postsecondary educational institution.				
Please note the legal dependent tuition waiver recipient may need to complete a Form FRVA-N.				
← Back	Start New Form +			

6

Child Care Refundable Tax Credit Application

Instructions

When using this electronic Documentation & Application Submission Hub (eDASH), you will receive an email confirmation containing a reference number that should be kept with your records as proof your form was received by the Nebraska Department of Revenue (DOR). Check your spam or junk folder if you do not see the confirmation in your inbox.

Before you begin, you will need the following information to complete the Form 7203 in eDASH:

- Your Social Security Number.
- Your spouse's Social Security Number (If Married, Filing Joint Return).
- Name, date of birth, and Social Security Number of all dependent children who will be age 5 years or younger as of December 31 of the calendar year for which the tax credit is being claimed **and** that will be claimed as a dependent on your federal income tax return (Dependent Child). If you do not have any children that meet this qualification, **STOP**. You do not qualify for this tax credit.
- Total Household Income for the tax year for which the credit is being claimed. If your total household income is over \$150,000, STOP. You do not qualify for this tax credit.
- Number of personal exemptions being claimed on the Nebraska individual income tax return for the tax year for which the credit is being claimed (Line 4, Form 1040N).
 For each dependent child enrolled in a Child Care Program Licensed under the Child Care Licensing Act, provide the Child Care Program/Provider Name and the Nebraska Department of Health and Human Services (DHHS) Child Care License Number. A roster of DHHS Licensed Child Care Programs/Providers may be found here.
- If any dependent child received care from a DHHS approved license-exempt provider enrolled in the Child Care Subsidy Program pursuant to <u>Neb. Rev. Stat. §§ 68-1202</u> and <u>68-1206</u>, you will be required to upload a copy of the DHHS authorization with your application. The DHHS authorization is available in the parent's or legal guardian's ACCESSNebraska or iServe Nebraska account.

DOR will process the completed Form 7203 and certify the reserved credit amount approved based on the information provided. After your Form 7203 has been certified, you may claim the reserved credit amount on the applicable line of your Nebraska individual income tax return. You will be required to provide the certification number from the Form 7203 on the individual income tax return.

A new Form 7203 must be completed and submitted for each tax year that you may be eligible to claim the credit. Application submission for each tax year will open on the second business day in January following the applicable tax year.

÷	Back	\checkmark	Resume Form	\checkmark	Start New Form

Selecting "Resume Form" takes you to the last saved entry screen of the document that was previously started. This resume form option is not available on all documents in eDASH. Some documents may not retain entered data if you exit prior to submitting the completed document.

Selecting "Start New Form" in eDASH will direct you to the selected document's data collection screen(s). Complete the information on each screen. An asterisk (*) indicates a required field.

Example of open field data entry screens:

Law Enforcement Officer's (Officer) or Firefighter's Name and Address						
First name *	Middle initial	Last name *		Suffix		
Public		User				
Street or Other Mailing Address *						
City *		State *	ZIP Code *			
		NE - Nebraska 🗸 🗸				
Social Security Number *						

Example of a drop-down selection question:

Please indicate the calendar year: *	
2024	~

Example of a radio dial selection question:

Employment

Please check the applicable box(es): *

I certify I am a Nebraska resident and a law enforcement officer (officer) pursuant to <u>Neb. Rev. Stat. § 81-1401(8)</u>. Law enforcement officer means any person who has successfully completed an entry-level law enforcement certification from a training academy and who is responsible for the prevention or detection of crime or the enforcement of the penal, traffic, or highway laws of the state or any political subdivision of the state for more than one hundred hours per year and is authorized by law to make arrests.

I certify that I am a Nebraska resident and a professional firefighter pursuant to <u>Neb. Rev. Stat. § 85-2602(7)</u>. of the First Responder Recruitment and Retention Act (Act). Professional firefighter means an individual employed as a full-time firefighter or firefighter-parametic who is a member of a paid fire department of any of the following entities within Nebraska: (a) A municipality, including a municipality having a home rule charter or a municipal authority created pursuant to a home rule charter that has its own paid fire department; (b) A rural or suburban fire protection district; or (c) A fire service providing fire protection to state military installations.

Nebraska Department o Revenue Website

My Submissions

NOTE: If you are using a mobile phone, the selection buttons may be difficult to see, but they are there and can be selected. See example below.

Mobile view of radio dial selection buttons.

Employment Please check the applicable box(es): * I certify I am a Nebraska resident and a law enforcement officer (officer) pursuant to Neb. Rev. Stat. § 81-1401(8). Law enforcement officer means any person who has successfully completed an entry-level law enforcemen certification from a training academy and who is esponsible for the prevention or detection of crime or the enforcement c the penal, traffic, or highwa laws of the state or any political subdivision of the state for more than one hundred hours per year and is authorized by law to make arrests. I certify that I am a Nebraska resident and a professional firefighter pursuant to Neb. Rev. Stat. <u>§ 85-2602(7)</u>. of the First Responder Recruitment an Retention Act (Act). Professional firefighter means an individual employed as a full-time firefighter or firefighterparamedic who is a member of a paid fire department of any of the

Some documents in eDASH, may also require you to upload supplemental documentation. In that case, you may see an option like the screen below where you can upload a document that will be linked to your eDASH document submission. The acceptable file types will generally be listed on the document within eDASH.

Click the "Choose" button.

Attach a copy of most recent pay stub. Must correspond with calendar year entered above. Valid file types are gif, jpeg, png, pdf. *			
+ Choose			

After you select "Choose", you will see a screen like the one below. **Error! Reference source not found.Error! Reference source not found.**Locate the document as saved on your device. After you have located the document on your device, either double-click on the file or select the file and click "Open".

C Open	•		×
← → ~ ↑	This PC	v ひ Search This PC	P
Organize 👻			•
💻 This PC	↑ ∨ Folders (7)		^
3D Objects Desktop	3D Objects	Desktop	
 Documents Downloads Music 	Documents	Downloads	
E Pictures	Music	Pictures	
Windows (C:)	Videos		~
Fi	ile name:	✓ All files (*.*)	\sim
		Upload from mobile Open Cancel	

Once the file is attached, the details will appear in eDASH. Multiple documents can be uploaded following the same process. You can remove an uploaded file by clicking the icon under "Remove".

Uploaded Documents							
Document Name Upload Date Remove							
Pay Stub 8 08_27_2024 12_50_54.15	08/27/2024 12:50:54	Θ					

Some eDASH documents may allow a file upload that will auto-populate data into the document fields once uploaded. Generally, these eDASH documents will require a certain file type and specific data formatting within the file. This information will be provided in eDASH either on the initial instructions screen or on the specific entry screen of the document.

After you select the upload button ("Upload CSV File" in the example below), you will see a Windows file selection screen like the one above on page 10. **Error! Reference source not found.Error! Reference source not found.**Locate the document as saved on your device. After you have located the document on your device, either double-click on the file or select the file and click "Open".



For the eDASH documents that have this auto-populate feature, the data in the file will automatically populate into the fields on the entry screen. Users will then need to select the "Submit" button to save the uploaded data.

Example:

Tobacco Licensee Report, Form 1204T Identification

ntification	Entry Op	tions												
No records	to report.													
*Licensee Name	*DBA (Doing Business As)	*Location Address	*Location City	*Location State	*Location Zip	Mailing Name	Mailing Address	Mailing City	Mailing State	Mailing Zip	Phone	Email	*Date Issued	*License Type
Hastings Palace Inc	Beyond Vape	4103 Osborne Dr	Hastings	Nebraska	68111- 1111	Peter Parker	3314 Web Way	New York	New York	19111	(212) 555- 0000	spidy@webmasterinc.com	2024- 04-25	Retailer
Cliff's Inc	Cliff's	140 12th St	Lincoln	Nebraska	15001	Cliff Smith	123 Maple St	Kansas City	Missouri	78912	(716) 454- 0000	cliffs@gmail.com	2024- 01-31	Retailer
		Back			S		Reset	t/Clear			~	Submit		

If the data file was not in the correct format, you will see an error message indicating the errors in the data file that was uploaded.

Example:

Tobacco Licensee Report, Form 1204T Identification

entification	Entry Optic	ons												
No records	s to report.													
CSV validation errors: Row 2 [Roberts Tobacco, Bob's Tobacco Shop, 5474 10th St, Taylor, NE, 68879, , , lowa, , , morton.shelly@nebraska.gov, wholesaler, Not sure, Yes]: Invalid date format. Expected format is MM/dd/yyyy.														
+ Add Entry Manually OR														
*Licensee Name	*DBA (Doing Business As)	*Location Address	*Location City	*Location State	*Location Zip	Mailing Name	Mailing Address	Mailing City	Mailing State	Mailing Zip	Phone	Email	*Date Issued	*License Type
No records found.														
÷		Back			<u>ර</u>		Reset/Clear					S	ubmit	

Some documents in eDASH may provide a Summary screen to review entered data before submitting. If you need to change any entered data from this screen, select the "Edit" button. This will return you to the beginning of the document to make changes.

		Fo	orm Child Care Credit		
Parent's or Legal Guardian's N	Name and Address				
For Taxable Year					
2024					
Parent's or Legal Guardian's First Nam	e	Middle initial	Parent's or Legal Guardian's Last Name	Suffix	
Public			User		
arent's or Legal Guardian's Social Sec	curity Number (SSN)				
999-99-9999					
treet or Other Mailing Address					
300 Centennial Mall South, 2nd Flr					
lity			State	ZIP Code	
Lincoln			Nebraska	68508	
amily Size: 2 Part B - Dependent and Child	Care Program Information				
amily Size: 2 Part B - Dependent and Child First name	Care Program Information	Last name	SSN	Date of Birth	
amily Size: 2 art B - Dependent and Child First name Public	Care Program Information	Last name User	SSN 999-99-9999	Date of Birth 11-04-2024	
amily Size: 2 Part B - Dependent and Child First name Public	Care Program Information Middle initial	Last name User	S5N 999-99-999	Date of Birth 11-04-2024	
amily Size: 2 Part B - Dependent and Child First name Public Dependent Child 1 *	Care Program Information Middle initial	Last name User	S5N 999-99-999	Date of Birth 11-04-2024	
amily Size: 2 Part B - Dependent and Child First name Public Dependent Child 1 * Public User	Care Program Information	Last name User	55N 999-99-9999	Date of Birth 11-04-2024	
amily Size: 2 Part B - Dependent and Child First name Public Dependent Child 1 * Public User Child Care Program or Provider Nam	Middle initial	Last name User	SSN 999-99-9999 License-exempt Provider in the Child Care Subsidy Program	Date of Birth 11-04-2024 Child Care License Number from DHHS *	
amily Size: 2 Part B - Dependent and Child First name Public Dependent Child 1 * Public User Child Care Program or Provider Nam Public Childcare	I Care Program Information Middle initial	Last name User	S5N 999-99-9999 License-exempt Provider in the Child Care Subsidy Program Ves No	Child Care License Number from DHHS * XX1234	
amily Size: 2 Part B - Dependent and Child First name Public Dependent Child 1 * Public User Child Care Program or Provider Nam Public Childcare	Middle initial	Last name User	SSN 999-99-9999 License-exempt Provider in the Child Care Subsidy Program Ves No	Child Care License Number from DHHS * XX1234	

Documents submitted through eDASH may require an electronic signature. To electronically sign the document, read the statement and check the box to the left of the statement.

Law	/ Enforcement Officer or Professional Firefighter Signature
	Under penalty of perjury, I have examined this form including the information submitted with the form, and to the best of my knowledge and belief, it is correct and complete.
	I hereby certify that I authorize DOR to release information to any public postsecondary educational institution(s) under the Act, including but not limited to whether I met or did not meet the requirements for Nebraska residency and employment for the purpose of applying for a tuition waiver.
Addi	tional fields will appear to enter your information as an electronic signature.
Addi Law	tional fields will appear to enter your information as an electronic signature. v Enforcement Officer or Professional Firefighter Signature
Addi Law	tional fields will appear to enter your information as an electronic signature. v Enforcement Officer or Professional Firefighter Signature Under penalty of perjury, I have examined this form including the information submitted with the form, and to the best of my knowledge and belief, it is correct and complete.

First name *		Middle initial	Last name *		Suffix
Public			User		
Date *	Email *			Phone *	
8/27/2024	Public.User@gmail.com				

After confirming that all information has been accurately entered, click the "Submit" button. Selecting the "Back" button will take you back to the "Choose a Document to Complete" screen and the document will not be submitted in eDASH. This may erase any previously entered information, and the document will not be submitted. Some eDASH documents may allow you to "Save" your progress, allowing you to retain previously entered data that can be accessed again when you return to that document in eDASH.



After you select "Submit", a confirmation dialog box will appear.



Click "Submit".

For most eDASH documents, you will receive an email notification that includes the reference number for your submission. This does **not** mean that your document has been approved by DOR, only that it has been received in the eDASH system. The email will come from rev.noreply@nebraska.gov. If you do not see the notification in your inbox, check your spam or junk folder. Retain this notification with your records as confirmation your submission was received by DOR.

For eDASH documents that do not send an email notification, you will see a pop-up box confirmation that the submission was successful.

Example:



To view your submission(s) in eDASH, go to "My Submissions" in the left-hand menu. Select the button for the document that you want to access. Users will only see buttons for documents that they have submitted through eDASH.

FRVA Submissions
esponder Certificate of Verification & Authorization for Release of Information
¢

After you select the document, click "Show All Submissions" to display a list of your submissions for that specific document type.

My Submissions									
7203 Submissions	FRVA Submissions								
7203, Child Care Refundable Tax Credit Application	C FRVA, First Responder Certificate of Verification & Authorization for Release of Information								
✓ Search 7203 Submissions									
Reference Number									
Submission Date Range:									
From To									
Q Search 7203 Search 7203 Reset Q Show All 7203 Submissions									

The information displayed under "My Submissions" will vary based on the document type. The status of your submission will depend on the document(s) submitted and whether DOR has reviewed the document(s). In general, after DOR has reviewed and approved a document, the status will be updated to show "Approved", "Verified", etc. depending on the document.

To view a pdf of the document(s) and attachment(s) you submitted, click the "Download Form" button. Save a copy of the approved document for your records.

Example:

	Reference Number ↑↓	Revision Number ↑↓	Original Submission Date ↓ ≓	Revision Date ↑↓	Document Name ↑↓	Status ↑↓
→ Download Form	FRVA00001899	4	08-23-2024	08-26-2024	FRVA, First Responder Certificate of Verification & Authorization for Release of Information	Pending DOR Review
			1-1 of 1 r	ecords << <	1 > >> 10 ~	