## Good Life Great Service

## Nebraska Individual Income Tax Return

for the taxable year January 1, 2022 through December 31, 2022 or other taxable year:

**FORM 1040N** 

2022 through DEPARTMENT OF REVENUE Last Name Your First Name and Initial Please Do Not Write In This Space If a Joint Return, Spouse's First Name and Initial Last Name Current Mailing Address (Number and Street or PO Box) City State Zip Code Your Social Security Number Spouse's Social Security Number **High School District Code** At any time during 2022, did you receive, sell, exchange, gift, or otherwise dispose of any financial interest in any virtual currency? Yes (1) Farmer/Rancher (1) Deceased Taxpayer(s) (2) Active Military (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 (5) Widow(er) with dependent children and Full Name 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: 65 or older (4) Blind your spouse as a dependent: (1) Tou 3 Type of Return: (1) Resident Partial year resident from 2022 (attach Schedule III) (3 Non esident (attach Schedule II) 4 Nebraska personal exemptions (Finter 1 in each line of 4a or 4) that ar plies a Yourself. If someone can claim you as a dependent, leave blank... **b Spouse.** Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. . . . . Dependents, if more than three Dependent's **First Name** ast Na ne S curity Number Total number of dependents listed . . . . 4 c Total Nebraska personal exemptions - add lines 4a, 4b, and 4c. 4 5 Federal adjusted gross income (AGI) (line 11 Federal Form 1040 or 1040-SR) E o not le av 00 6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,350 if single; \$14,700 if married, filing jointly or qualified widow[er]; \$7,350 if married, filing separately; or \$10,750 if head of household) 6 00 7 Total itemized deductions (line 17, Federal Schedule A – see instructions) . . . . . . 7 00 8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR) 8 00 00 10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater 10 00 11 Nebraska income before adjustments (line 5 minus line 10)...... 00 12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I) . 12 00 13 Adjustments decreasing federal AGI (line 33, from attached Nebraska Schedule I) 13 00 14 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 Nebr. Sch. III before continuing . 00 15 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. 15 00 16 Nebraska other tax calculation: a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$ **b** Federal tax on early distributions (lesser of Federal Form 5329 or line 8, Sch. 2, Federal Form 1040 or 1040-SR) 16 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, 17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 42.....

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18	Nebr. personal exemption credit for residents only (\$146 time	es the number on	line 4)	18	00			
19	Credit for tax paid to another state, line 6, Nebraska Sched	ule II						
	(attach Nebraska Schedule II and a copy of the other st	tate's return) .		19	00			
20	Credit for the elderly or disabled (attach copy of Federal Sc	chedule R)		20	00			
21	Community Development Assistance Act credit (attach For	m CDN)		21	00			
22	Form 3800N nonrefundable credit (attach Form 3800N)	· · · · · · · · · · · · · · · ·		22	00			
	Nebraska child/dependent care nonrefundable credit, only i							
	than \$29,000 (attach a copy of Federal Form 2441 and s			23	00			
24	Credit for financial institution tax (attach Form NFC)			24	00			
	Employer's credit for expenses incurred for TANF (ADC) re				00			
	Designated extremely blighted area tax credit (attach Form	•		26	00			
20	Designated extremely blighted area tax credit (attach i offin	104011-LD)		20			T	
27	Total paperatundable gradite (add lines 19 through 96)					27		00
	Total nonrefundable credits (add lines 18 through 26)					21		
20	Nebraska tax after nonrefundable credits. Subtract line 27 f							
	result is greater than your federal tax liability, see page 9 in				<del></del>			00
	attach a copy of the federal return				· · · · · · · · · · · · · · · · · · ·	28		
29	Total Nebraska income tax withheld (attach 2022 Forms, see	e instructions)						
	a W-2 \$ b K-1N \$							
	<b>c</b> W-2G, 1099-R,1099-MISC, 1099-NEC or others \$			29	00			
30	2022 estimated income tax payments (include any 2021 ov							
	any payments submitted with an extension request)			30	00			
	Form 3800N refundable credit (attach Form 3800N)			31	00			
32	Nebraska child/dependent care refundable credit, if line 5 is							
	(attach a copy of Form 2441N)			32	00			
	Beginning Farmer credit from Form 1099 BEC (ND/ NextG			33	00			
34	Nebraska earned income credit. Enter number of qualifying							
	Federal credit 98 \$ .00 x .10 (10%) (attach page	ges 1-2 of federal	return)	34	00			
	Credit for school district property taxes (attach Form PTC)			35	00			
36	Credit for community college property taxes (attach Form)	PTC)		36	0			
37	Credit for qualified Volumee Emergency R spunders see i	instructions)	<u> </u>	37	00			
38	Stillborn child tax credit (attach still inth certilicates and see	instructions)	<b>/</b>	33	<b>— — — — — — — — — —</b>			
39	Total refundable credits (add lines 29 through 38)					39		00
40	Penalty for underpayment of estimated tax (see instructions	s). If you calculate	ad a Form 2210N	Lpenalty c	f -0- or greater,			
	or used the annualized income method, attach For 1 2210	y and creck this	box <b>96</b>			40		00
41	Total tax and penalty. Add lines 8 and 40					41		00
	Use tax due on taxable purchases where applicable sales to							
	Enter purchases subject to state tax 91 \$ State ta	ax <b>92</b> \$	(purchases x 5.5	%);				
	Enter purchases subject to local tax 93 \$ Local ta	ax <b>94</b> \$	(purchases x loca	al rate of	%)			
	95 Local code (see local rate schedule);				,			
	Add state and local taxes and enter on line 42. If no use tax	is due, enter -0-	on line 42			42		00
43	Total amount due. If line 39 is less than total of lines 41 ar							
	Pay this amount in full. For electronic or credit card paymen					43		00
44	Overpayment. If line 39 is more than the total of lines 41 a				om line 39	44		00
	Amount of line 44 you want applied to your 2023 estimated	· · · · · · · · · · · · · · · · · · ·		45	00			
	Wildlife Conservation Fund donation of \$1 or more			46	00			
	Amount of line 44 you want <b>refunded</b> to you (line 44 minus		Your refund wil					
	July 15, if your paper return is filed by April 15 (see inst	,		•	•	47		00
488	Routing Number		Type of Account		1 = Checking	2 = Sav	ings	
							Direct	
480	Account Number						Deposit	
480	Check this box if this refund will go to a bank account of Under penalties of perjury, I declare that, as taxpayer or prepared to the control of the control			the boot of	my knowledge and half-	of it in true	a correct and com	lete
S	Under penalties of perjury, I declare that, as taxpayer or prep	oarei, i nave examin	eu imo return anu to	the best of	my knowledge and belle	zi, it 15 tfU	e, correct, and comp	icie.
-								
		Date (	Email Ad	dress				
ep a s reti	copy of Spouse's Signature (if filing jointly, <b>both</b> must sign)	( ) Daytime Phone						
ur red	ords.	2 ay amo 1 none						
	paid							
_	Preparer's Signature	Date	Preparer'	s PTIN				
use	only						Daytime Phone	
	Print Firm's Name (or yours if self-employed), Address an		EIN					