## Good Life, Great Service.

## Nebraska Return of Partnership Income

**FORM 1065N** 

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for the calendar year January 1, 2017 through December 31, 2017 or other taxable year 2017 and ending beginning DEPARTMENT OF REVENUE Name Doing Business As (dba) PLEASE DO NOT WRITE IN THIS SPACE Please Type or Print Legal Name Street or Other Mailing Address City State Zip Code Business Class. Code (See Instr.) Date Business Began in Nebraska Principal Business Activity in Nebraska Federal ID Number Nebraska ID Number Does the partnership have nonresident individual partners? NO YES (Complete Schedule II) Type of Organization Partnership Limited Liability Company Electing Large Partnership Publicly Traded Partnership Other (describe) Check the applicable boxes: (7) Form 3800N Attached (1) Initial Nebraska Return (3) Change in Address (5) Amended Return (2) Final Return (8) Distributed Form 3800N Credit (4) Change in Name Form 7004 Attached 1 Ordinary business income (line 22, Federal Form 1065) 00 1 00 2 Nebraska adjustments increasing ordinary business income (line 8, Schedule A) ..... 2 3 Nebraska adjustments decreasing ordinary business income (line 18, Schedule A) ..... 3 00 4 Nebraska adjusted income (line 1 plus line 2 minus line 3; Electing Large Partnerships enter amount from line 11, Nebraska Schedule ELP)..... 4 00 5 Income reported to Nebraska (enter line 4 above or line 3, Schedule I, if applicable) ...... 5 00 If line 5 shows a loss, skip lines 6 and 7 and go to line 8. 6 00 6 Income reported to Nebraska subject to withholding (enter the Column (F), Schedule II total).... 7 Nebraska income tax withheld for nonresident individual partners (enter the Column (G). 7 00 Schedule II total)..... 00 8 Form 3800N credit and recapture 8

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

9 Tax deposited with Form 7004N and 2017 estimated income tax payments.....

11 Overpayment to be REFUNDED if line 7 plus line 8 minus line 9 is less than zero ......

payment is being made electronically.....

**10** TAX DUE if line 7 plus line 8 minus line 9 is greater than zero. ☐ Check this box if your

sign		·		
here	Signature of Partner or Member	Date	Email Address	
		( )		
	Title	Phone Number	<del></del>	
paid				
preparer's use only	Preparer's Signature	Date	Preparer's PTIN	
use only				( )
	Print Firm's Name (or yours if self-employed),	Address and Zip Code	EIN	Daytime Phone

Paper filers must attach a copy of the federal return and supporting schedules to this return. All filers are encouraged to e-file their return including schedules K-1N. Mail this return and payment to: Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818. 00

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## Partnership With Other Income And Deductions Nebraska Schedule A—Adjustments to Ordinary Business Income

FORM 1065N Schedule A 2017

• Enter amounts for lines 1 through 5 from Schedule K, Federal Form 1065.

Name on Form 1065N

Nebraska ID Number

Adjustments Increasing Ordinary Business Income			Totals	
1	Net income from rental real estate activities	1	00	
	Net income from other rental activities	2	00	
Ū	a Interest income			
	c Royalty income			
	e Net long-term capital gain			
	Total portfolio income (total of lines 3a through 3f)	. 3	00	
4	Guaranteed payments to partners	4	00	
5	Net gain under IRC Section 1231 (other than casualty or theft)	5	00	
6	State and local bond interest and dividend income (see instructions)	6	00	
	Other income (attach schedule)	7	00	
_	and on line 2, Form 1065N	8	00	
	Adjustments Decreasing Ordinary Business Income • Enter amounts for lines 10 through 16 from Schedule K, Federal Form 1065.			
9	Qualified U.S. government interest deduction (see instructions)	9	00	
10	Net loss from rental real estate activities	10	00	
11 12	Net loss from other rental activities	11	00	
	a Net short-term capital loss			
	Total porfolio loss (total of lines 12a through 12c)	12	00	
13	Net loss under IRC Section 1231	13	00	
14	Other loss not included in lines 10 through 13	14	00	
15	Charitable contributions	15	00	
16	Section 179 expense deduction	16	00	
	Other deductions (attach schedule)	17	00	
10	and on line 3, Form 1065N	18	00	