

Nebraska S Corporation Income Tax Return

2019

for the calendar year January 1, 2019 through December 31, 2019 or other taxable year
beginning , and ending ,

| | | | | |
|--|----------------------------|-----------------------------|--|--|
| Name Doing Business As (dba) _____ Legal Name _____ Street or Other Mailing Address _____ City State Zip Code _____ | | | PLEASE DO NOT WRITE IN THIS SPACE | |
| Principal Business Activity in Nebraska _____ | Federal ID Number _____ | Nebraska ID Number _____ | Does the S corporation have nonresident individual shareholders? <input type="checkbox"/> YES (Complete Schedule II.) | Date Business Began in Nebraska _____ |

Check if:

| | | | |
|--|---|---|---|
| (1) <input type="checkbox"/> Initial Return | (3) <input type="checkbox"/> Address Change | (5) <input type="checkbox"/> Amended Return | (7) <input type="checkbox"/> Form 3800N, 775N, or 312N Attached |
| (2) <input type="checkbox"/> Final Return (Example, dissolved. See instr.) | (4) <input type="checkbox"/> Name Change | (6) <input type="checkbox"/> Form 7004 Attached | (8) <input type="checkbox"/> Distributed Form 3800N Credit |

| | | |
|---|----|----|
| 1 Ordinary business income (line 21, Federal Form 1120S) | 1 | 00 |
| 2 Nebraska adjustments increasing ordinary business income (line 7, Schedule A) | 2 | 00 |
| 3 Nebraska adjustments decreasing ordinary business income (line 17, Schedule A) | 3 | 00 |
| 4 Nebraska adjusted income (line 1 plus line 2 minus line 3) | 4 | 00 |
| 5 Income reported to Nebraska (enter line 4 above or line 3, Schedule I, if applicable) If less than zero, do not complete columns (E), (F), or (G) on Schedule II. | 5 | 00 |
| If line 5 shows a loss, skip lines 6 and 7 and go to line 8. | | |
| 6 Income reported to Nebraska subject to withholding. Enter the Column (F), Schedule II total . . . | 6 | 00 |
| 7 Nebraska income tax withheld for nonresident individual shareholders. Enter the Column (G), Schedule II total. | 7 | 00 |
| 8 Form 3800N credit and recapture | 8 | 00 |
| 9 Tax deposited with Form 7004N and 2019 estimated income tax payments | 9 | 00 |
| 10 TAX DUE if line 7 plus line 8 minus line 9 is greater than zero. <input type="checkbox"/> Check this box if your payment is being made electronically | 10 | 00 |
| 11 Overpayment if line 7 plus line 8 minus line 9 is less than zero. | 11 | 00 |
| 12 Amount on line 11 you want credited to 2020 estimated income tax. | 12 | 00 |
| 13 Overpayment to be REFUNDED (line 11 minus line 12). Complete lines 14a, 14b, and 14c to receive your refund electronically. Complete line 14d if appropriate (see instructions) | 13 | 00 |

14a Routing Number 14b Type of Account 1 = Checking 2 = Savings

14c Account Number



14d Check this box if this refund will go to a bank account outside the United States (see instructions).

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.

| | | | |
|---------------------------------|--|--------------------|-----------------------|
| sign here | Signature of Officer _____ | Date _____ | Email Address _____ |
| | Title _____ | Phone Number _____ | |
| paid preparer's use only | Preparer's Signature _____ | Date _____ | Preparer's PTIN _____ |
| | 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.**

Name on Form 1120-SN

Nebraska ID Number

| Adjustments Increasing Ordinary Business Income | | Totals | |
|--|-------------|--------|----|
| 1 Net income from rental real estate activities | 1 | | 00 |
| 2 Net income from other rental activities | 2 | | 00 |
| 3 Portfolio income: | | | |
| a Interest income | 3 a | _____ | |
| b Dividend income | 3 b | _____ | |
| c Royalty income | 3 c | _____ | |
| d Net short-term capital gain..... | 3 d | _____ | |
| e Net long-term capital gain..... | 3 e | _____ | |
| f Other portfolio income | 3 f | _____ | |
| Total portfolio income (total of lines 3a through 3f)..... | 3 | | 00 |
| 4 Net gain under Section 1231 (other than casualty or theft) | 4 | | 00 |
| 5 State and local government interest and dividend income (see instructions) | 5 | | 00 |
| 6 Other income (list below or attach schedule) | | | |
| a List type: _____ b Amount: \$ _____ | | | |
| Total other income. Enter total of lines 6b | 6 | | 00 |
| 7 Total adjustments increasing ordinary business income (total of lines 1 through 6). Enter here and on line 2, Form 1120-SN..... | 7 | | 00 |
| Adjustments Decreasing Ordinary Business Income | | Totals | |
| • Enter amounts for lines 9 through 15 from Schedule K, Federal Form 1120S. | | | |
| 8 Qualified U.S. government interest deduction (see instructions) | 8 | | 00 |
| 9 Net loss from rental real estate activities | 9 | | 00 |
| 10 Net loss from other rental activities | 10 | | 00 |
| 11 Portfolio loss: | | | |
| a Net short-term capital loss | 11 a | _____ | |
| b Net long-term capital loss | 11 b | _____ | |
| c Other portfolio loss..... | 11 c | _____ | |
| Total portfolio loss (total of lines 11a through 11c)..... | 11 | | 00 |
| 12 Net loss under Section 1231 | 12 | | 00 |
| 13 Other loss not included in lines 9 through 12..... | 13 | | 00 |
| 14 Charitable contributions | 14 | | 00 |
| 15 Section 179 expense deduction | 15 | | 00 |
| 16 Other deductions (list below or attach schedule) | | | |
| a List type: _____ b Amount: \$ _____ | | | |
| Total other deductions. Enter total of lines 16b | 16 | | 00 |
| 17 Total adjustments decreasing ordinary business income (total of lines 8 through 16). Enter here and on line 3, Form 1120-SN..... | 17 | | 00 |