

Nebraska Schedule K-1N —  
Partner's Share of Income, Deductions, Modifications, and Credits

<b>Partnership's Name and Mailing Address</b>				<b>Partner's Name and Mailing Address</b> <small>(If partner is a disregarded entity (DE), use beneficial owner information not DE's).</small>			
Name Doing Business As (dba)				Name			
Legal Name							
Street or Other Mailing Address				Street or Other Mailing Address			
City	State	Zip Code		City	State	Zip Code	
Check One: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC				Nebraska ID Number		Federal ID Number	
Nebraska ID Number		Federal ID Number		Social Security Number		Spouse's Social Security Number	
Taxable Year of Organization				Check One:			
Beginning _____, 20____ and Ending _____, 20____				<input type="checkbox"/> Resident Individual <input type="checkbox"/> Nonresident Individual <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Other (describe) _____			
Partnership's Nebraska Apportionment Factor		Nebraska Receipts		Total Receipts		Partner's Share of Income Percentage	
%						%	
				If applicable, check the appropriate box: <input type="checkbox"/> Final <input type="checkbox"/> Amended			

**Part A**  
**Partner's Share of Income and Deductions**

1 Ordinary business income (loss) . . . . .	1	
2 Net income (loss) from rental real estate activities . . . . .	2	
3 Net income (loss) from other rental activities . . . . .	3	
4 Guaranteed payments . . . . .	4	
5 Interest income . . . . .	5	
6 Dividend income . . . . .	6	
7 Royalties . . . . .	7	
8 Net short-term capital gain (loss) . . . . .	8	
9 Net long-term capital gain (loss) . . . . .	9	
10 Net Section 1231 gain (loss) . . . . .	10	
11 Other income (list below or attach schedule)		
a List type: _____ b Amount: \$ _____		
Total other income. Enter total of lines 11b . . . . .	11	
12 Charitable contributions . . . . .	12	
13 Section 179 expense deduction . . . . .	13	
14 Other deductions and losses (list below or attach schedule)		
a List type: _____ b Amount: \$ _____		
Total other deductions and losses. Enter total of lines 14b . . . . .	14	

**Part B**  
**Partner's Share of Modifications**

15 Qualified U.S. government interest deduction . . . . .	15	
16 State and local bond interest and dividend income . . . . .	16	
17 Income (loss) from non-Nebraska sources (use only if you checked the LLC box above) . . . . .	17	

**Part C**  
**Partner's Share of Credits**

18 Community Development Assistance Act credit . . . . .	18	
19 Form 3800N credits (see instructions)		
a Employment and Investment Growth Act . . . . .	19 a	\$ _____
b Nebraska Advantage Act . . . . .	19 b	\$ _____
c Nebraska Advantage Rural Development Act . . . . .	19 c	\$ _____
d Nebraska Advantage Research and Development Act . . . . .	19 d	\$ _____
e New Markets Tax Credit . . . . .	19 e	\$ _____
f Nebraska Historic Tax Credit . . . . .	19 f	\$ _____
Total of 19a through 19f . . . . .	19	
20 Contractor income tax withholding (see instructions) . . . . .	20	
21 Nebraska Property Tax Incentive Act Credit (see instructions) . . . . .	21	
22 Nebraska income tax withheld (see instructions) . . . . .	22	