

Nebraska Return of Partnership Income

for the calendar year January 1, 2020 through December 31, 2020 or other taxable year
beginning 2020, and ending ,

FORM 1065N
2020

Please Type or Print

Name Doing Business As (dba)			PLEASE DO NOT WRITE IN THIS SPACE	
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? <input type="checkbox"/> YES (Complete Schedule II) <input type="checkbox"/> NO	

Type of Organization
 Partnership Limited Liability Company Publicly Traded Partnership Other (describe) _____

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 22, Federal Form 1065)	1	00
2 Nebraska adjustments increasing ordinary business income (line 8, Schedule A)	2	00
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)	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 Income reported to Nebraska subject to withholding (enter the Column (F), Schedule II total)....	6	00
7 Nebraska income tax withheld for nonresident individual partners (enter the Column (G), Schedule II total).....	7	00
8 Form 3800N credit and recapture	8	00
9 Tax deposited with Form 7004N and 2020 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 to be REFUNDED if line 7 plus line 8 minus line 9 is less than zero	11	00

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 Partner or Member _____ Date _____
()

Email Address _____

Title _____ Phone Number _____

paid preparer's use only →

Preparer's Signature _____ Date _____

Preparer's PTIN _____

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.**

revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

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

• 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
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	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
7	Other income (list below or attach schedule)		
a	List type: _____ b Amount: \$ _____		
	Total other income. Enter total of lines 7b	7	00
8	Total adjustments increasing ordinary business income (total of lines 1 through 7). Enter here and on line 2, Form 1065N.....	8	00
Adjustments Decreasing Ordinary Business Income		Totals	
• 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	Net loss from other rental activities	11	00
12	Portfolio loss:		
a	Net short-term capital loss 12a _____		
b	Net long-term capital loss 12b _____		
c	Other portfolio loss..... 12c _____		
	Total portfolio 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
17	Other deductions (list below or attach schedule)		
a	List type: _____ b Amount: \$ _____		
	Total other deductions. Enter total of lines 17b	17	00
18	Total adjustments decreasing ordinary business income (total of lines 9 through 17). Enter here and on line 3, Form 1065N.....	18	00