Good Life. Great Service. DEPARTMENT OF REVENUE

Nebraska Individual Income Tax Return for the taxable year January 1, 2023 through December 31, 2023 or other taxable year: , 2023 through

FORM 1040N

2023

Total Nebraska personal exemptions — add lines 4a, 4b, and 4c. Nebraska personal exemptions — add lines 4a, 4b, and 4c. Copendents, if more than three, see instructions Last Name Social Security Number Last Name Copendents, if more than three, see instructions Last Name Copendents, if more than three, see instructions Copendents Copendents Copendents Copendents, if more than three, see instructions Copendents Copendents, if more than three, see instructions Copendents	Your First Name and Initial	Last Name		Please Do Not Write In This Space					
Current Mailing Address (Number and Street or PO Bon) Oity State ZIP Cose Now Spoal Security Number Cooker's Spoil Security Number High School District Code State ZIP Cose Now Spoal Security Number Code, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? 1/9s No	If a Joint Poturn, Spause's First Name and Initial	Last Namo							
City Status Sprouge's Social Security Number Sprouge's Social Security Number Migh School District Code Sprouge's Social Security Number Sprou	o	Last Name							
Your Spoil South Number	Current Mailing Address (Number and Street or PO	Box)							
Your Spoil South Number	ea 8								
Comparison Com	City	State	ZIP Code						
Comparison Com									
During 2023, did you receive, sell, exchange, giff, or otherwise dispose of a digital asset or a financial interest in a digital asset? Ves No	Your Social Security Number Spou	se's Social Security Number		High School Di	strict Code		SA		
(1) FarmerPancher (2) Active Military (1) Deceased Taxopsyor(s) (first name & date of death);									
Federal Filing Status: (1) Single (2) Married, filing jointly Am Jul Name	During 2023, did you receive, sell, exchange	, gift, or otherwise dispose of a	digital asset o	or a financial interest in a d	igital asset?	Yes	No		
Federal Filing Status: (1) Single (2) Married, filing jointly Am Jul Name	(1) Farmer/Pancher (2) Active Militar	(1) Deceased Taypayer(s)				/	/		
(1) Single (3) Married, filing separately—Spouses SSN: (4) Head of Household (2) Married, filing separately—Spouses (SS) (S) (So rolder (2) Blind (4) Blind	(1) Tarmer/Harioner (2) Active Militar	· [] · · · []				/	/		
(1) Single (3) Married, filing separately—Spouses SSN: (4) Head of Household (2) Married, filing separately—Spouses (SS) (S) (So rolder (2) Blind (4) Blind	1 Federal Filing Status:					/	/		
(2) Married, filing jointy and Full Name Check if YOU were: (1) 65 or older (2) Bilind your spouse as a dependent: (1) You (2) Spouse	The state of the s	ed, filing separately-Spouse's	SSN:	(4) ☐ He	ad of Hous	ehold			
SPOUSE was: (3) 65 or older (4) Blind your spouse as a dependent: (1) You (2) Spouse 3 Type of Return: (1) Resident (2) Partial-year resident from , 2023 to , 2023 (attach Schedule III) 4 Nebraska personal exemptions. (Enter 1 in each line of 4 aor 4b that applies): a Yourself. If someone can clair you as a dependent, leave blank				—			use (QSS)		
SPOUSE was: (3) 56 or older (4) Blind your spouse as a dependent: (1) You (2) Spouse 3 Type of Return: (1) Resident (2) Partial-year resident from , 2023 to , 2023 (attach Schedule III) 4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies): a Yourself. If someone can claim you as a dependent, leave blank. 4 a b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. 4 b C Dependents if more than three, see instructions Dependent's First Name Social Security Number Total number of dependents listed . 4 c 4 5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank 5 00 6 Nobraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,900 if single; \$15,800 if married, filing jointly or qualifying surviving spouse; \$7,900 if married, filing separately; or \$11,600 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 – see instructions) 9 00 10 Nebraska standard deductions (line 7 minus line 8) 9 00 11 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9) 10 00 12 Adjustments increasing federal AGI (line 10, from attached Nebraska Schedule), 12 00 13 Adjustments increasing federal AGI (line 10, from attached Nebraska Schedule), 12 00 14 Nebraska standard deductions (enter line 11 plus line 12 minus line 13), 11 00 15 Nebraska store tax calculation Schedule III. 11 11 00 16 Nebraska store tax calculations (enter line 11 plus line 12 minus line 13), 11 15 00 16 Nebraska store tax calculations (enter line 11 plus line 12 minus line 13), 11 15 00 17 Total (add lines 16 and 16b) 16 16 17 17 17 18 18 18 18 18	2a Check if YOU were: (1) 65 or	older (2) Blind	2b Check her	re if someone (such as y	our parent)	can claim	you or		
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7 Total itemized deductions (line 17, Federal Schedule A – see instructions)		ried, filing separately; or \$11,60	00 if head of						
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Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III				_					
Nebraska Schedule III									
17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16).				10					
					00				
Do not pay the amount on this line. Pay the amount from line 44	-	The state of the s			17		00		

18	Nebr. personal exemption credit for residents only (\$157 times the number on line 4) $\ldots\ldots$	18	00			
19	Credit for tax paid to another state, line 6, Nebraska Schedule II					
	(attach Nebraska Schedule II and a copy of the other state's return)		00			
	Credit for the elderly or disabled (attach copy of Federal Schedule R)		00			
	Community Development Assistance Act credit (attach Form CDN)		00	-		
	Form 3800N nonrefundable credit (attach Form 3800N)	22	00			
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more					
	than \$29,000 (attach a copy of Federal Form 2441 and see instructions)		00			
	Credit for financial institution tax (attach Form NFC)		00			
	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)		00			
	Designated extremely blighted area tax credit (attach Form 1040N-EB)	26	00	-		
27	NE employer tax credit for employing convicted felons. Enter certificate number from		00			
-00	Form ETC-A			00		00
	Total nonrefundable credits (add lines 18 through 27)			28		00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than			29		00
20	result is greater than your federal tax liability, see instructions. If entering federal tax, check be Total Nebraska income tax withheld (attach 2023 Forms, see instructions)	JX 🔲		29		_ 00_
30	a W-2 \$ b K-1N \$					
	c W-2G,1099-R, 1099-MISC, 1099-NEC, etc \$ d PTET credit from K-1N	30	00			
21	2023 estimated income tax payments (include any 2022 overpayment credited to 2023 and	. 30		1		
31		31	00			
32	Form 3800N refundable credit (attach Form 3800N)		00			
	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less					
00	(attach a copy of Form 2441N)	33	00			
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)		00			
	Nebraska earned income credit. Enter number of qualifying children 97					
	Federal credit 98 \$00 x .10 (10%) (see instructions)	35	00			
36	Credit for school district property taxes (attach Form PTC)		00	1		
	Credit for community college property taxes (attach Form PTC)		00	1		
	Credit for qualified Volunteer Emergency Responders (see instructions)		00	1		
	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)		00			
40	Total refundable credits (add lines 30 through 39)			40		00
41	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N	penalty of -0- or greater,				
	or used the annualized income method, attach Form 2210N, and check this box 96			41		00
42	Total tax and penalty. Add lines 29 and 41			42		00
43	Use tax due on taxable purchases where applicable sales tax was not collected. (see instruction	ons)				
	Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 5.5	%);				
	Enter purchases subject to local tax 93 \$ Local tax 94 \$ (purchases x local tax 94 \$ (purchase x local tax 94 \$ (purc	al rate of %)				
	95 Local code (see local rate schedule);					
	Add state and local taxes and enter on line 43. If no use tax is due, enter -0- on line 43			43		00
44	Total amount due. If line 40 is less than total of lines 42 and 43, subtract line 40 from total of					00
	Pay this amount in full. For electronic or credit card payment check box here and see instruc			44		_
	Overpayment. If line 40 is more than the total of lines 42 and 43, subtract the total of lines 42		00	45		00
	Amount of line 45 you want applied to your 2024 estimated tax	46	00	-		
	Amount of line 45 you want refunded to you (line 45 minus lines 46 and 47) Your refund will					
40	July 15, if your paper return is filed by April 15 (see instructions)	•		48		00
40	a Routing Number 49b Type of Account			2 = Savi	nas	
	a richard grantes.		9		Direct	
10	C Account Number				Denosi	
45					- 	•
49			11	6.11.1		1.1
S	Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to	o the best of my knowledge an	ia belie	ei, it is true	e, correct, and comp	piete.
	Your Signature Date Email Ac	Idress				
Keep a	a copy of ()					
your re	Spouse's Signature (if filing jointly, both must sign) Daytime Phone					
nro-	paid					
	Preparer's Preparer's Signature Date Preparer	's PTIN			()	
us	e only Print Firm's Name (or yours if self-employed), Address and ZIP Code EIN				Daytime Phone	