

Name on Form 1040N

Social Security Number

Nebraska Schedule I —
Nebraska Adjustments to Income for Nebraska Residents, Partial-Year Residents, and Nonresidents
• Attach additional pages if necessary.

Part A—Adjustments Increasing Federal AGI

1 Interest income from all state and local obligations exempt from federal tax a List type: _____ b Amount: \$ _____ Total interest income exempt from federal tax. Enter total of lines 1b	1	00
2 Exempt interest income from Nebraska obligations a List type: _____ b Amount: \$ _____ Total exempt interest income from Nebraska obligations. Enter total of lines 2b	2	00
3 Total taxable interest income. Enter the result of line 1 minus line 2	3	00
4 Financial Institution Tax Credit claimed. Enter amount from line 25, Form 1040N	4	00
5 Nebraska College Savings Program recapture (see instructions)	5	00
6 Long-Term Care Savings Plan recapture (also subject to 10% penalty) (see instructions)	6	00
7 Nebraska ENABLE plan recapture	7	00
8 Federal net operating loss deduction	8	00
9 S corporation or LLC Non-Nebraska loss	9	00
10 Total adjustments increasing federal AGI (total lines 3 through 9). Enter here and on line 12, Form 1040N	10	00

Part B—Adjustments Decreasing Federal AGI

11 State income tax refund deduction. Enter line 10, Federal Form 1040	11	00
12 U.S. government obligations exempt for state purposes (list below or attach schedule) a List type: _____ b Amount: \$ _____ Total U.S. government obligations exempt for state purposes. Enter total of lines 12b	12	00
13 List fund name, total dividend, and percent of regulated investment company dividends from a U.S. obligation: _____ b Total dividend: \$ _____ x c _____ % = d \$ _____ Total regulated investment company dividends. Enter total of lines 13d	13	00
14 Total U.S. government obligations. Enter total of lines 12 and 13	14	00
15 Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Attach all Forms 1099 and W-2 from the RRB. a List type: _____ b Amount: \$ _____ Total benefits paid by the RRB included in federal AGI. Enter total of lines 15b	15	00
16 Special capital gains/extraordinary dividend deduction [attach Form 4797N; a copy of Federal Schedule D; and Form 8949 (or Federal Schedule B when claiming extraordinary dividend deduction)] (see instructions) ...	16	00
17 Nebraska College Savings Program contribution (see instructions)	17	00
18 Nebraska Long-Term Care Savings Plan contribution	18	00
19 Nebraska Long-Term Care Savings Plan earnings	19	00
20 Nebraska ENABLE plan contributions. List the account number and annual contribution amount for each account you contributed to during this tax year (list below or attach schedule) a Account Number: _____ b Amount: \$ _____ Total Nebraska ENABLE plan contributions	20	00
21 S corporation and LLC Non-Nebraska income (attach Nebraska Schedules K-1N, see instructions)	21	00
22 Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as attributable to another state, see instructions)	22	00
23 Native American Indian Reservation income	23	00
24 Claim of right repayment	24	00
25 Nebraska NOL carryforward (attach a copy of the Nebraska NOL Worksheet for each loss year claimed on this line)	25	00
26 Nebraska agricultural revenue bond interest	26	00
27 Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds	27	00
28 Interest from federally taxable Build America Bonds issued by Nebraska governmental units	28	00
29 Social Security included in Federal AGI (see instructions; attach pages 1 and 2 of your federal income tax return)	29	00
30 Military retirement. Form 1040N-MIL must be on file with the Department (see instructions)	30	00
31 Total adjustments decreasing federal AGI (total lines 11 and 14 through 30). Enter here and on line 13, Form 1040N	31	00

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Nebraska Schedule II —

Credit for Tax Paid to Another State for FULL-YEAR RESIDENTS ONLY

- Complete a separate Schedule II for each state.
- A complete copy of the return filed with another state must be attached. If the entire return is not attached, credit for tax paid to another state will not be allowed. Name of state:

1	Total Nebraska tax (line 17, Form 1040N)	1		00
2	Adjusted gross income derived from another state (do not enter amount of taxable income from the other state – use Conversion Chart on the Department’s website)	2		00
3	Ratio $\frac{\text{Line 2}}{\text{(From Form 1040N, Lines 5 + Line 12 – Line 13)}} = \frac{\boxed{}}{\boxed{} + \boxed{} - \boxed{}} = \frac{\boxed{}}{\boxed{}}$	3	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4	Calculated Tax Credit. Line 1 multiplied by line 3 ratio	4		00
5	Tax due and paid to another state (do not enter amount withheld for the other state – use Conversion Chart on the Department’s website)	5		00
6	Allowable tax credit (line 1, 4, or 5, whichever is least). Enter amount here and on line 20, Form 1040N.....	6		00

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