

Taxable year beginning _____ and ending _____

PLEASE DO NOT WRITE IN THIS SPACE

Please Type or Print

Name of Financial Institution _____

Street or Other Mailing Address _____

Nebraska Identification Number

24 —

City or Town _____

State _____

Zip Code _____

Federal Identification Number _____

Type of Financial Institution:

(1) Bank (2) Savings and Loan (3) Credit Union (4) Other _____

Business Class. Code _____

•Enter dollar amounts in ones, not in thousands (for example, fourteen million shall be written as 14,000,000).

Computation of Tax	(A)		(B)		(C)	
	As Originally Reported or As Adjusted		Net Change (Explain on Reverse Side)		Correct Amount	
1 Preceding year-end deposits.....	1				1	
2 First quarter ending deposits.....	2				2	
3 Second quarter ending deposits.....	3				3	
4 Third quarter ending deposits.....	4				4	
5 Fourth quarter ending deposits.....	5				5	
6 Total deposits (total of lines 1 through 5).....	6				6	
7 Average deposits (line 6 amount divided by 5).....	7				7	
8 Financial institution tax (line 7 multiplied by .00047)....	8				8	
9 Net income before income taxes and extraordinary items (if net loss, enter -0-).....	9				9	
10 Limitation amount (line 9 multiplied by .0381).....	10				10	
11 Enter line 8 or line 10, whichever is less.....	11				11	
12 Community Development Assistance Act credit (attach Form CDN and a copy of Form 1099NTC).....	12				12	
13 Total Nebraska financial institution tax (line 11 minus line 12. If less than zero, enter -0-).....	13				13	
14 Voluntary estimated tax payment (if any).....	14				14	
15 Tax paid with original return, plus additional payments made after it was filed.....	15				15	
16 Line 14 plus line 15.....	16				16	
17 Overpayment allowed on original return, plus additional overpayments allowed after it was filed.....	17				17	
18 Line 16 minus line 17.....	18				18	
19 Nebraska financial institution tax due (line 13 minus line 18).....	19				19	
20 Penalty.....	20				20	
21 Interest due.....	21				21	
22 BALANCE DUE (total of lines 19 through 21).....	22				22	
23 REFUND (line 18 minus line 13) Complete lines 24a, 24b, and 24c to receive your refund electronically.....	23				23	

24a Routing Number _____

24b Type of Account

1 = Checking

2 = Savings

(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32; use an actual check or savings account number, not a deposit slip)

24c Account Number _____



(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes blank.)

Under penalties of perjury, I declare that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct and complete.

**sign
here**

Authorized Signature _____

()
Telephone Number _____

Signature of Preparer Other Than Taxpayer _____

()
Telephone Number _____

Title _____

Date _____

Address _____

Date _____

Complete Nebraska Schedule I—Explanation of Changes, on reverse side
Mail this amended return and remit payment (EFT, if required) to:
NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818
www.revenue.ne.gov, (800) 742-7474 (toll free in NE and IA), (402) 471-5729

INSTRUCTIONS

WHEN TO FILE. A 2008 Amended Nebraska Financial Institution Tax Return, Form 1120XNF, must be filed whenever the financial institution (taxpayer) has had a change made by a state or federal regulatory agency to its amount of deposits or its net financial income for tax year 2008. Also file the 2008 Form 1120XNF if an error was made on the taxpayer's Nebraska Financial Institution Tax Return, Form 1120NF. The 2008 Form 1120XNF can only be filed after you have filed a Form 1120NF for tax year 2008.

Use Form 1120XNF-3 to amend returns for tax years 1993-2000, and use Form 1120XNF for the tax year corresponding to the return being amended for tax years after 2000. Contact the Department to obtain the appropriate form if amending a return for a tax year prior to 1993. **An amended return claiming a refund of tax previously paid must be filed within 90 days of the date on which the tax was due or paid, whichever date is later, or within 90 days after receiving a change in the amount of deposits or net financial income of the taxpayer from a state or federal regulatory agency.**

INFORMATION ON THE FINANCIAL INSTITUTION TAX LIABILITY. If you have any questions regarding the calculation of the Nebraska financial institution tax liability, refer to the instructions on Form 1120NF.

TAXPAYER ASSISTANCE. Nebraska Department of Revenue offices are located in Grand Island, Lincoln, Norfolk, North Platte, Omaha, and Scottsbluff. Persons within Nebraska or Iowa may call for taxpayer assistance toll free by dialing (800) 742-7474 or call (402) 471-5729.

Confidential tax information will be given only by return telephone call after the caller's identity has been established. A representative of a taxpayer requesting confidential tax information must have a power of attorney on file with the Department before any information will be released. A financial institution tax return signed by the preparer is considered to be a limited power of attorney authorizing the Department to release only the information contained on that return.

SIGNATURES. This return must be signed by a financial institution officer. If the taxpayer authorizes another person to sign this return, there must be a power of attorney on file with the Department.

Any person who is paid for preparing a financial institution's tax return must also sign the return as preparer.

SPECIFIC INSTRUCTIONS

COLUMN A. Enter the amounts shown on your original return, Form 1120NF, or as later adjusted.

COLUMN B. Enter the net changes to the amounts entered in column A. All entries in column B must be explained in detail on Nebraska Schedule I—Explanation of Changes, with supporting schedules attached, if any.

When a change is made to the amount of deposits or the net financial income of the financial institution by a state or federal regulatory agency, the financial institution must attach a dated

copy of the state or federal regulatory agency change to the financial institution's 2008 Form 1120XNF.

COLUMN C. Enter the corrected totals after the increases or decreases shown in column B. If there are no changes, enter the amount from column A.

LINES 1 THROUGH 14. Enter the amounts shown on your original return, Form 1120NF, or as later adjusted.

LINE 13. The maximum tax credit allowed, as entered on line 12, column C, may not exceed the amount of the subtotal computed on line 11, column C. Subtract line 12 from line 11. If the result is less than zero, enter zero.

LINE 20, PENALTY. If the original return was not filed by its due date and line 19 indicates a tax due, then it will be necessary to compute a penalty for failure to timely file. Multiply the amount on line 19 by five percent per month or fraction of a month, not to exceed a total of 25 percent, from the due date until the original return was filed. Enter the result on line 20. Additional penalties may be imposed for:

1. Failure to pay tax when due,
2. Failure to file an amended return when required,
3. Preparing or filing a fraudulent financial institution tax return, or
4. Understatement of deposits or net income before income taxes and extraordinary items on a financial institution tax return.

LINE 21, INTEREST DUE. Enter the total interest due, computed on the additional tax due at the statutory rate from the due date of the original return to the date of payment. Interest is not credited to a taxpayer on an overpayment of tax if the refund is issued to the taxpayer within 90 days after the last date prescribed for filing the return.

LINE 22, BALANCE DUE. Payment of tax due can be made by check, money order, electronic funds transfer (EFT), or credit card. Details about EFT and credit card payment options can be found on the Department's Web site at: www.revenue.ne.gov.

STATEMENT OF TAX CREDIT. For financial institutions organized as S corporations, if the amount of tax as originally reported on Form 1120NF, line 13 is changed, the financial institution must provide each shareholder with an amended Statement of Nebraska Financial Institution Tax Credit, Form NFC. Clearly mark the statement as "AMENDED".

INSTRUCTIONS FOR NEBRASKA SCHEDULE I

Enter an explanation of the reason(s) for filing the amended return.

When the amended return is filed due to a change made by a state or federal regulatory agency, a dated copy of the state or federal agency change must be attached as an addition to the explanation for amending.

NEBRASKA SCHEDULE I—Explanation of Changes

NEBRASKA DEPARTMENT OF REVENUE USE ONLY

Batch Number	Report Number	Claim Number	Amount Refunded	Amount Received