

Nebraska Individual Income Tax Return for the taxable year January 1, 2010 through December 31, 2010 or other taxable year:
, 2010 through

FORM 1040N 2010

	, 2010 t	nrougn	,				
Your First Name and Initial	Last Name		PLEASE DO NOT	WRITE IN THIS	SPACE		
If a Joint Return, Spouse's First Name and Initial	Last Name						
Company Marilian Address (Abuselon and Charles and Charles	1 David		_				
Current Mailing Address (Number and Street or PO) Box)						
City, Town, or Post Office	State	Zip Code	-				
IMPORTANT, COMO MUST DE	ENTERED RELOW		ligh School Dictric	at Codo			
IMPORTANT: SSN(S) MUST BE Your Social Security Number Spou	use's Social Security Number		ligh School Distric	ct Code	(must be e	entered using des)	high
(1) Farmer/Rancher (2) Active Militar	ry (1) Deceased To	axpayer(s) —					
	(first name 8	& date of death):				/ /	
1 Federal Filing Status (1) ☐ Single (3) ☐ Marrie	ied, filing separately—Spor	usa's CCNI	,	4) Head of H	Jausahald		
(2)	ıll Name	use's 55N:		5) Widow(er			Iren
2a Check if YOU were: (1) 65 or	` ' =		ere if someone (s				r
SPOUSE was: (3) 65 or Type of Return	r older (4) 🗌 Blind	your spor	use as a depende	ent: (1) You	(2) [Spouse	
(1) Resident (2) Partia	al-year resident from resident (attach Schedule		, 2010 to /	/ (a	ttach Sch	edule III)	
		2040 ()	`				
4 Federal exemptions (number of exen5 Federal adjusted gross income (AGI) (•		*	_		4	
Federal Form 1040, line 37)					5		00
6 Nebraska standard deduction (if you o	•						
see instructions; otherwise, enter \$11,40 \$5,700 if single; \$8,400 if head of house				00			
7 Total itemized deductions (Federal Sci8 State and local income taxes (Federal			7	00			
see instructions.)			8	00			
9 Nebraska itemized deductions (line 7	minus line 8)		9	00			
10 Enter the amount from line 6 or line 9,	, whichever is greater				10		00
11 Nebraska income before adjustments	(line 5 minus line 10)				11		00
12 Adjustments increasing federal AGI (li	ine 50, from attached Ne	braska Schedule	e I) 12	00			
13 Adjustments decreasing federal AGI (I	line 60, from attached No	ebraska Schedule	e I) 13	00			
If the amount on line 13 is ONLY for a	state income tax refund	deduction, check	this box: (see				
(NOTE: If line 12 is -0-, and you check	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				00
14 Tax Table income (enter line 11 plus15 Nebraska income tax (residents use N				00	14		00
16 Nebraska minimum or other tax:	Tool. Tax Table, officio de	5 (105) Goin 111)					
Federal Alternative Minimum tax (Rec							
Federal Tax on Lump Sum Distribution Federal Tax on Early Distributions (Le:		.ֆ	—				
line 58 Form 1040)		.\$					
Multiply to the Lord CO COV (COC)	Total						
Multiply total by 29.6% (.296) and enter 17 Total Nebraska tax before personal e				unt on this			
line. Pay the amount from line 38					17		00

	Amount from line 17 (Total Nebraska tax)	18	00
19	Nebraska personal exemption credit for residents only (\$118 per exemption) 19 00		
20	Credit for tax paid to another state \$ (attach Nebr. Sch. II and the		
	other state's return) plus prior year AMT credit (attach Form 8801) \$		
	Enter the total on line 20		
21	Credit for the elderly or disabled (attach copy of Federal Schedule R)		
22	CDAA credit (see instructions)		
	Form 3800N nonrefundable credit (attach Form 3800N)		
	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)		
25	Credit for financial institution tax (see instructions) (attach Form NFC)		
	Total nonrefundable credits (add lines 19 through 25)		00
	Subtract line 26 from line 18 (if line 26 is more than line 18, enter -0-). If result is more than your		- -
	federal tax liability (and line 12 is less than \$5,000), see instructions. If entering federal tax, check box:		
	and attach a copy of the federal return	27	00
28	Nebr. income tax withheld (attach 2010 Forms W-2, W-2G, 1099-R,1099-MISC, or 14N) 28 00		00
	2010 estimated tax payments (include any 2009 overpayment credited to 2010 and		
20	any payments submitted with an extension request)		
30	Form 3800N refundable credit (attach Form 3800N)		
	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less		
31			
22			
	Beginning Farmer credit (attach Form 1099 BFC)		
33	Federal credit 98 \$00 x .10 (10%) (attach federal return,		
24	pages 1 and 2 – see instructions)	34	100
	Add lines 28 through 33		00
33	or greater, or used the annualized income method, attach Form 2210N, and check this box: 96		
26	TOTAL TAX AND PENALTY. Add lines 27 and 35		00
		30	00
31	Use tax due on Internet and out-of–state purchases. Enter:		
	Purchases subject to tax 92 \$;		
	State tax 93 \$00 (purchases x 5.5%); Local code 94 (see local rate schedule);		
	Local tax 95 \$00 (purchases x local rate of%, from local rate schedule)	7 07	
00	Total tax \$00 Add state and local taxes and enter on line 37. If no use tax, enter zero (-0-) on line 37.	7. 37	00
38	TOTAL AMOUNT DUE. If line 34 is less than total of lines 36 and 37, subtract line 34 from the total of		
00	lines 36 and 37. Pay this amount in full. For credit card payment check here and see instructions		00
	OVERPAYMENT. If line 34 is more than total of lines 36 and 37, subtract total of lines 36 and 37 from line 34.		00
	Amount of line 39 you want APPLIED TO YOUR 2011 ESTIMATED TAX 40 00		
	Wildlife Conservation Fund DONATION of \$1 or more	-	
	Nebraska Campaign Finance CONTRIBUTION of \$1 or more		
43	Amount of line 39 you want REFUNDED to you (line 39 minus lines 40, 41, and 42). Allow at least 4 months to	40	
	receive your refund if you file a paper return Expecting a Refund? Have it sent directly to your bank account! (see instr	43 	00
		<u> </u>	
44	a Routing Number 44b Type of Account 1 = Checking	2 = Savings	
	(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32;	- 5:	
	use an actual check or savings account number, not a deposit slip)	Dir	ect oosit
44	c Account Number	Dep.	oosit
	(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes blan	nk.)	
44	d Check this box if this refund will go to a bank account outside the United States.		
	Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and	belief, it is correct and	complete.
S	sign		•
_			
nis ret	a copy of urun for Spouse's Signature (if filing jointly, both must sign) Daytime Phone		
Jul 10	paid		
rep	parer's		
	Preparer's Signature Date Preparer's PTIN	()	
	Print Firm's Name (or yours if self-employed) Address and 7in Code	Daytimo I	Phone