

Please Type or Print	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	
	Current Mailing Address (Number and Street or PO Box)		
	City	State	

Important: SSN(s) must be entered below.		High School District Code					
Your Social Security Number	Spouse's Social Security Number						

(1) <input type="checkbox"/> Farmer/Rancher	(2) <input type="checkbox"/> Active Military	(1) <input type="checkbox"/> Deceased Taxpayer(s) (first name & date of death): _____ / /			
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1 Federal Filing Status:
 (1) Single (3) Married, filing separately – Spouse's SSN: _____ (4) Head of Household
 (2) Married, filing jointly and Full Name (5) Widow(er) with dependent children

2a Check if YOU were:	(1) <input type="checkbox"/> 65 or older	(2) <input type="checkbox"/> Blind	2b Check here if someone (such as your parent) can claim you or your spouse as a dependent:	(1) <input type="checkbox"/> You	(2) <input type="checkbox"/> Spouse
SPOUSE was:	(3) <input type="checkbox"/> 65 or older	(4) <input type="checkbox"/> Blind			

3 Type of Return:
 (1) Resident (2) Partial-year resident from _____ / _____, 2016 to _____ / _____, 2016 (attach Schedule III)
 (3) Nonresident (attach Schedule III)

4 Federal exemptions (number of exemptions claimed on your 2016 federal return)	4		00
5 Federal adjusted gross income (AGI) (line 4, Federal Form 1040EZ; line 21, Federal Form 1040A; line 37, Federal Form 1040)	5		00
6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$6,300 if single; \$12,600 if married, filing jointly or qualified widow[er]; \$6,300 if married, filing separately; or \$9,300 if head of household)	6		00
7 Total itemized deductions (line 29, Federal Schedule A – see instructions)	7		00
8 State and local income taxes (line 5, Schedule A, Federal Form 1040 – see instructions)	8		00
9 Nebraska itemized deductions (line 7 minus line 8)	9		00
10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9)	10		00
11 Nebraska income before adjustments (line 5 minus line 10)	11		00
12 Adjustments increasing federal AGI (line 10, from attached Nebraska Schedule I)	12		00
13 Adjustments decreasing federal AGI (line 31, from attached Nebraska Schedule I)	13		00
14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebraska Schedule III before continuing	14		00
15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.)	15		00
16 Nebraska other tax calculation: a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$ _____ b Federal tax on early distributions (lesser of Federal Form 5329 or line 59, Federal Form 1040) 16 b \$ _____ c Total (add lines 16a and 16b) 16 c \$ _____ Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III	16		00
17 Total Nebraska tax before personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 39.	17		00

18	Amount from line 17 (Total Nebraska tax)	18		00
19	Nebraska personal exemption credit for residents only (\$131 per exemption)	19		00
20	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)	20		00
21	Credit for the elderly or disabled (attach copy of Federal Schedule R)	21		00
22	Community Development Assistance Act credit (attach Form CDN)	22		00
23	Form 3800N nonrefundable credit (attach Form 3800N)	23		00
24	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)	24		00
25	Credit for financial institution tax (attach Form NFC)	25		00
26	Total nonrefundable credits (add lines 19 through 25)	26		00
27	Subtract line 26 from line 18 (if line 26 is more than line 18, enter -0-). If the result is greater than your federal tax liability, complete the Federal Tax Liability Worksheet in the instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return	27		00
28	Total Nebraska income tax withheld (attach 2016 Forms, see instructions) a W-2 \$ _____ b K-1N \$ _____ c W-2G, 1099-R, 1099-MISC, or others \$ _____	28		00
29	2016 estimated tax payments (include any 2015 overpayment credited to 2016 and any payments submitted with an extension request)	29		00
30	Form 3800N refundable credit (attach Form 3800N)	30		00
31	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	31		00
32	Beginning Farmer credit (from Form 1099 BFC)	32		00
33	Nebraska earned income credit. Enter number of qualifying children 97 <input type="text"/> Federal credit 98 \$ <input type="text"/> .00 x .10 (10%) (attach federal return, pages 1 and 2 – see instructions)	33		00
34	Angel Investment Tax Credit (see instructions)	34		00
35	Total refundable credits (add lines 28 through 34)	35		00
36	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 <input type="checkbox"/>	36		00
37	Total tax and penalty. Add lines 27 and 36	37		00
38	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) 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 rate of ____%); 95 Local code _____ (see local rate schedule); Add state and local taxes and enter on line 38. If no use tax is due, enter -0- on line 38.	38		00
39	Total amount due. If line 35 is less than total of lines 37 and 38, subtract line 35 from the total of lines 37 and 38. Pay this amount in full. For electronic or credit card payment, check here <input type="checkbox"/> and see instructions	39		00
40	Overpayment. If line 35 is more than total of lines 37 and 38, subtract total of lines 37 and 38 from line 35.	40		00
41	Amount of line 40 you want applied to your 2017 estimated tax	41		00
42	Wildlife Conservation Fund donation of \$1 or more	42		00
43	Amount of line 40 you want refunded to you (line 40 minus lines 41 and 42). File early! It may take three months to receive your refund if you file a paper return.	43		00

Expecting a Refund? Have it sent directly to your bank account! (see instructions)

44a 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; use an actual check or savings account number, not a deposit slip)

44c 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.)

44d 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.

sign here

Your Signature _____

Date () _____

Email Address _____

Spouse's Signature (if filing jointly, **both** must sign) _____

Daytime Phone _____

Keep a copy of this return for your records.

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

Mail returns **requesting a refund** to: Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912.
Mail returns **not requesting a refund** to: Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.