



AMENDED NEBRASKA FINANCIAL INSTITUTION TAX RETURN for Tax Years 1993 or After

FORM 1120XNF-3

Taxable year beginning , 19 and ending

PLEASE DO NOT WRITE IN THIS SPACE

Name of Financial Institution
Street or Other Mailing Address
City or Town State Zip Code

Nebraska Identification Number
24
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).

Table with 4 columns: Computation of Tax, (A) As Originally Reported or As Adjusted, (B) Net Change (Explain on Reverse Side), (C) Correct Amount. Rows 1-23 detailing deposits, taxes, and net income.

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 payment to: NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818

INSTRUCTIONS

WHEN TO FILE. An Amended Nebraska Financial Institution Tax Return, Form 1120XNF-3, 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 1993 or after. Also file Form 1120XNF-3 if an error was made on the taxpayer's Nebraska Financial Institution Tax Return, Form 1120NF, for 1993 or after. Form 1120XNF-3 can only be filed after you have filed a Form 1120NF for tax year 1993 or after.

Use Form 1120XNF to amend returns for tax years before 1990. Use Form 1120XNF-1 to amend a return for tax year 1990. Use Form 1120XNF-2 to amend a return for tax years 1991 and 1992. 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 the continental United States may call for taxpayer assistance toll free by dialing 1-800-742-7474. Lincoln residents call 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 Form 1120XNF-3.

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 12, COMMUNITY DEVELOPMENT ASSISTANCE ACT CREDIT. 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.

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.

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