## Nebraska Department of REVENUE

## NEBRASKA INDIVIDUAL INCOME TAX RETURN

for the taxable year January 1, 2009 through December 31, 2009 or other taxable year:

**FORM 1040N** 

	INTALIAGE		, 2009 through		nadole year. 1	4	2009			
	i		•Read instruction completing thi		PLEASE	OO NOT WRI	TE IN THIS	SSPACE		
Your First Name and Initia	al	Last Na	ame		-					
If a Joint Return, Spouse	's First Name and Initial	First Name and Initial Last Name								
Current Mailing Address	(Number and Street or P.O.	Box)			-					
City, Town, or Post Office		State		Zip Code	-					
IMPORTAL	VT: SSN(S) MUST BE	FNTFR	FD BFI OW	Т н	  iah Schoo	I District Cod	le			
IMPORTANT: SSN(S) MUST BE ENTER Your Social Security Number Spouse's Soci			al Security Number						nust be entered using high chool codes beginning on age 25)	
(1) Farmer/Rancher	(2) Active Militar		(1) Deceased Taxpa	wor(s)			'		/	/
(1) Tarmer/Handrer	(2) Active William	у	(first name & dat						/	/
1 Federal Filing Sta	itus									,
(1) Single		ed, filing	g separately—Spouse's	SSN:				Household		
(2) Married, fili	<u> </u>	II Name						er) with depe		
2a Check if YOU we	· /		(2) Blind	2b Check he						
SPOUSE was:	(3) <b>65</b> or	older	(4) Blind	your spo	use as a d	ependent: (	1) <u> </u>	ı (2) <u></u>	Spous	se
3 Type of Return (1) Resident	(2) Dortic	al voor i	resident from		,2009 to		,	2009 ( <b>attac</b> h	Sobor	dula III
(1) L. Resident	· · · · · · · · · · · · · · · · · · ·	-	( <b>attach</b> Schedule II		,2009 10	-	, 2	2009 (allaci	Journe	Jule III
6 Nebraska standa see instructions; o	40, line 37)rd deduction (if you c therwise, enter \$11,40 68,350 if head of hous	hecked 0 if mar	any box(es) on line rried, filing jointly or qu	2a or 2b abov alified widow[e	re, er];		00	5		00
	ductions (Federal Scl come taxes (Federal			•	7		00			
see instructions.)					8		00			
9 Nebraska itemize	ed deductions (line 7	minus li	ine 8)		9		00			
10 Enter the amount			-					10		00
11 Nebraska income								11		00
12 Adjustments incre	•				10					
13 Adjustments decr	reasing federal AGI (I				12		00			
•					13		00			
	line 13 is <b>ONLY</b> for a					(see instru				
	is -0-, and you check				_		,			
14 Tax Table incom	e (enter line 11 plus l	line 12	minus line 13). If less	s than -0-, ent	er -0			14		00
15 Nebraska income		lebr. Ta	x Table; others use N	lebr. Sch. III)	15		00			
16 Nebraska Minimu		_1								
	ve Minimum tax (Recaume very sum Distribution		· · · · · · · · · · · · · · · · · · ·							
	arly Distributions (Les		· ·							
	040)									
	.,		Total \$_							
Multiply total by 2	9.6% (.296) and ente	er result			16		00			
17 Total Nebraska t	t <b>ax</b> before personal e					e amount o	n this			
line Pay the amo	unt from line 38							17		00

18	Amount from line 17 (Total Nebraska tax)					18	00
19	Nebraska personal exemption credit for residents	s only (\$118 per exemp	otion) <b>1</b>	9	00		
20	Credit for tax paid to another state \$ (at	ttach Nebr. Sch. II and t	the			I	
	other state's return) plus prior year AMT credit (attac	ch Form 8801) \$				I	
	Enter the total on line 20	·	2	0	00	I	
21	Credit for the elderly or disabled (attach copy of Fed	deral Schedule R —				I	
	see instructions)		2	1	00	I	
22	CDAA credit (see instructions)				00	I	
	Form 3800N nonrefundable credit (attach Form 380				00	I	
	Nebraska child/dependent care credit, if line 5 is mo				00	I	
	(see page 15 of instructions)		2	4		I	
25	Nebraska Endowment Credit (attach statement — s				00	I	
	Credit for financial institution tax (see instructions or				00	I	
	Total nonrefundable credits (add lines 19 through 26					27	00
	Subtract line 27 from line 18 (if line 27 is more than						- 00
20	federal tax liability (and line 12 is less than \$5,000				_		
	and attach federal return copy		_		_	28	00
20	Nebraska income tax withheld (attach 2009 Forms)					20	00
23	1099-MISC, or 14N)		2		00	1	
20	2009 estimated tax payments (include 2008 overpay			9	00	I	
30	any payments submitted with an extension request).				00	I	
21	Form 3800N refundable credit (attach Form 3800N)				00	1	
	Nebraska child/dependent care refundable credit, if			1	00	I	
32			·			I	
	(see page 16 of instructions and <b>attach</b> copy of Federa					I	
22	or Nebraska Form 2441N)				00	1	
	Beginning Farmer credit (attach Statement of Nebrask		BFC) 3	3	00	1	
34	Nebraska earned income credit. Enter number of qu					1	
	Federal credit <b>98</b> \$ .00 x .10 (10%			4		1	
25	pages 1 and 2 – see instructions)				00	0.5	00
	Add lines 29 through 34					35	00
30	Penalty for underpayment of estimated tax (see insti				zero		
	or greater, or used the annualized income method, a					00	
07	If using Federal ARRA special small business provision		-			36	00
	TOTAL TAX AND PENALTY. Add lines 28 and 36					37	00
38	TOTAL AMOUNT DUE. If line 35 is less than line 37					00	
00	For credit card payment check here and see p	_				38	00
	If line 35 is more than line 37, subtract line 37 from I					39	00
	Amount of line 39 you want APPLIED TO YOUR 201		119		00	1	
	Wildlife Conservation Fund <b>DONATION</b> of \$1 or mo		4		00	I	
	Nebraska Campaign Finance CONTRIBUTION of \$		4		00		
43	Amount of line 39 you want <b>REFUNDED</b> to you (line 39			•			
	use Direct Deposit, you could receive your refund	in 7-10 days, but it you	Tile a pap	er return allow up		40	
	four months for your refund  Expecting a Refund? Have it ser	nt directly to your	hank ac	oountl/assisses		43	00
448	Routing Number	44b Type of	f Account	1 = Check	ing 2	2 = Savings	
	(Enter 9 digits, first two digits must be 01 through 12, or 21 th	nrough 32;					· .
	use an actual check or savings account number, not a deposi	it siip)					)ırect )eposit
440	: Account Number						)eposit
	(Can be up to 17 characters. Omit hyphens, spaces, and spec	cial symbols. Enter from left t	to right and	leave any unused boxe	s blank	)	•
440	$oxedsymbol{I} oxedsymbol{\Box}$ Check this box if this refund will go to a bank ac	count outside the United	d States.				
	Under penalties of perjury, I declare that, as taxpayer or p			the hest of my knowledg	e and h	elief it is correct	and complete
S	ign	roparor, r navo oxaminoa uno re	otarri aria to	and book of my knowledg	o and b	31101, 11 10 0011001	and complete.
_							
	Your Signature	Date	E-Mail Addr	ess			
this re	a copy of	( )					
your	ecords. Spouse's Signature (if filing jointly, <b>both</b> must sign)  paid	Daytime Phone					
nren	ana via						
-	1 Toparor o Oignataro	Date	Preparer's S	Social Security Number of	r PTIN		
ust	only					(	)
	Print Firm's Name (or yours if self-employed) Address a	and Zin Code	FIN			Davti	me Phone