

•Read instructions before  
completing this form

PLEASE DO NOT WRITE IN THIS SPACE

Please Type or Print  
**LABEL  
HERE**

First Name(s) and Initial(s)	Last Name
PLACE LABEL HERE	
Current Home Address (Number and Street or Rural Route and Box Number)	
City, Town, or Post Office	State
Zip Code	

**IMPORTANT: SSN(S) MUST BE ENTERED BELOW.**

Your Social Security Number

Spouse's Social Security Number

**High School District Code**

(must be entered using high school codes beginning on page 25)

(1)  Farmer/Rancher

(2)  Active Military

(1)  Deceased Taxpayer(s)  
(first name & date of death): \_\_\_\_\_

**1 Federal Filing Status**

- (1) Single (3) Married, filing separately—Spouse's S. S. No.: \_\_\_\_\_ (4) Head of Household  
(2) Married, filing jointly and Full Name (5) Widow(er) with dependent children

**2a Check if YOU were:**

- (1)  65 or older (2)  Blind  
(3)  65 or older (4)  Blind


**2b Check here if someone (such as your parent) can claim you or your spouse as a dependent:** (1)  You (2)  Spouse

**3 Type of Return**

- (1) Resident (2) Partial-year resident from \_\_\_\_\_, 2008 to \_\_\_\_\_, 2008 (**attach** Schedule III)  
(3) Nonresident (**attach** Schedule III)

<b>4 Federal exemptions</b> (number of exemptions claimed on your 2008 federal return) . . . . .	<b>4</b>		00
<b>5 Federal adjusted gross income (AGI)</b> (Federal Form 1040EZ, line 4; Federal Form 1040A, line 21; Federal Form 1040, line 37) . . . . .	<b>5</b>		00
<b>6 Nebraska standard deduction</b> (if you checked any box(es) on line 2a or 2b above, see instructions; otherwise, enter \$10,900 if married-jointly or qualified widow[er]; \$5,450 if single; \$8,000 if head of household; or \$5,450 if married-separately) . . . . .	<b>6</b>	00	
<b>7 Total itemized deductions</b> (Federal Schedule A, line 29 – see instructions) . . . . .	<b>7</b>	00	
<b>8 State and local income taxes</b> (Federal Form 1040, line 5, Sch. A – see instructions.) . . . . .	<b>8</b>	00	
<b>9 Nebraska itemized deductions</b> (line 7 minus line 8) . . . . .	<b>9</b>	00	
<b>10 Enter the amount from line 6 or line 9, whichever is greater</b> . . . . .	<b>10</b>		00
<b>11 Nebraska income before adjustments</b> (line 5 minus line 10) . . . . .	<b>11</b>		00
<b>12 Adjustments increasing federal AGI</b> (line 50, from <b>attached</b> Nebraska Schedule I) . . . . .	<b>12</b>	00	
<b>13 Adjustments decreasing federal AGI</b> (line 60, from <b>attached</b> Nebraska Schedule I) . . . . .	<b>13</b>	00	
If the amount on line 13 is <b>ONLY</b> for a state income tax refund deduction, check this box: <input type="checkbox"/> (see instr.) (NOTE: If line 12 is zero (-0-), and you check this box, do not complete Nebraska Schedule I.)			
<b>14 Tax table income</b> (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0- . . . . .	<b>14</b>		00
<b>15 Nebraska income tax</b> (residents use Nebr. Tax Table; others use Nebr. Sch. III) . . . . .	<b>15</b>	00	
<b>16 Nebraska minimum or other tax</b> (Forms 6251, 4972, or 5329—see instructions) . . . . .	<b>16</b>	00	
<b>17 Total Nebraska tax</b> before personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 38 . . . . .	<b>17</b>		00

**COMPLETE REVERSE SIDE**

18	Amount from line 17 (Total Nebraska tax)	18		00
19	Nebraska <b>personal exemption credit for residents only</b> (\$113 per exemption)	19		00
20	Credit for tax paid to another state ( <b>attach Nebraska Schedule II and the other state's return</b> ). Check this box if reporting AMT credit <input type="checkbox"/>	20		00
21	Credit for the elderly or disabled ( <b>attach copy of Federal Schedule R/or Schedule 3</b> —see instructions)	21		00
22	CDAA credit (see instructions)	22		00
23	Form 3800N nonrefundable credit ( <b>attach Form 3800N</b> )	23		00
24	Nebraska child/dependent care credit, if line 5 is more than \$29,000 (see page 15 of instructions)	24		00
25	Nebraska Charitable Endowment Tax credit ( <b>attach statement</b> — see instructions on page 15)	25		00
26	Credit for financial institution tax (see instructions on page 15) ( <b>attach Form NFC</b> )	26		00
27	Total nonrefundable credits (add lines 19 through 26)	27		00
28	Subtract line 27 from line 18 (if line 27 is more than line 18, enter -0-). <b>If result is more than your federal tax liability</b> (and line 12 is less than \$5,000), see instructions. If entering federal tax, check box: <input type="checkbox"/> , and <b>attach</b> federal return copy	28		00
29	Nebraska income tax withheld ( <b>attach 2008 Forms W-2, W-2G, 1099-R, 1099-MISC, or 14N</b> )	29		00
30	2008 estimated tax payments (include 2007 overpayment credited to 2008 and any payments submitted with an extension request)	30		00
31	Form 3800N refundable credit ( <b>attach Form 3800N</b> )	31		00
32	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (see page 16 of instructions and <b>attach</b> copy of Federal Form 1040A, Schedule 2; Federal Form 2441, or Nebraska Form 2441N)	32		00
33	Beginning Farmer credit ( <b>attach Statement of Nebraska Tax Credit, Form 1099 BFC</b> )	33		00
34	Nebraska earned income credit. Number of qualifying children . . . 97 <input type="text"/> Federal credit 98 \$ _____ .00 x .10 (10%). ( <b>attach</b> federal return, pages 1 and 2 — see instructions)	34		00
35	Add lines 29 through 34	35		00
36	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N, including a penalty of zero or greater, <b>attach</b> Form 2210N, and check this box 96 <input type="checkbox"/>	36		00
37	<b>Total tax and penalty for underpayment of estimated tax</b> . Add lines 28 and 36	37		00
38	<b>TOTAL AMOUNT DUE</b> . If line 35 is less than line 37, subtract line 35 from line 37. Pay this amount in full. <b>For credit card payment check here <input type="checkbox"/> and see page 17 of instructions.</b>	38		00
39	If line 35 is more than line 37, subtract line 37 from line 35. This is the amount you <b>OVERPAID</b>	39		00
40	Amount of line 39 you want <b>APPLIED TO YOUR 2009 ESTIMATED TAX</b>	40		00
41	Wildlife Conservation Fund <b>DONATION</b> of \$1.00 or more 	41		00
42	Nebraska Campaign Finance <b>CONTRIBUTION</b> of \$1.00 or more	42		00
43	Amount of line 39 you want <b>REFUNDED</b> to you (line 39 minus lines 40, 41, and 42). <b>If you file electronically and use Direct Deposit, you could receive your refund in 7-10 days, but if you file a paper return allow three months for your refund</b>	43		00

**Expecting a Refund?**

• Have it sent directly to your bank account! (see instructions on page 18)

44a Routing Number  44b Type of Account  Checking  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.)



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**

Keep a copy of this return for your records.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Preparer if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature (if filing jointly, **both** must sign) \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mail refund returns (or returns without payment) to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98912, LINCOLN, NE 68509-8912**  
 Mail returns with payment to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98934, LINCOLN, NE 68509-8934**