18	Nebraska personal exemption credit for residents only ($132 per exemption)	18	00			
19	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)**	19	00			
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20	00			
21	Community Development Assistance Act credit (attach Form CDN)	21	00			
22	Form 3800N nonrefundable credit (attach Form 3800N)	22	00			
23	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)	23	00			
24	Credit for financial institution tax (attach Form NFC)	24	00			
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25	00			
26	School Readiness Tax Credit for providers (see instructions)	26	00			
27	Total nonrefundable credits (add lines 18 through 26)			27		00
28	Nebraska tax after nonrefundable credits. Subtract line 27 from line 17 (if line 27 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see page 10 in the instructions. If entering federal tax, check box ☐ and attach a copy of the federal return			28		00
29	Total Nebraska income tax withheld (attach 2017 Forms, see instructions) **a** W-2 $ _____ **b** K-1N $ _____ **c** W-2G, 1099-R,1099-MISC, or others $ _____	29	00			
30	2017 estimated tax payments (include any 2016 overpayment credited to 2017 and any payments submitted with an extension request)	30	00			
31	Form 3800N refundable credit (attach Form 3800N)	31	00			
32	Nebraska child/dependent care refundable credit, if line 5 is $29,000 or less (attach a copy of Form 2441N)	32	00			
33	Beginning Farmer credit (from Form 1099 BFC)	33	00			
34	Nebraska earned income credit. Enter number of qualifying children **97** ☐ Federal credit **98** $ _____.00 x .10 (10%) (attach pages 1-2 of federal return)	34	00			
35	Angel Investment Tax Credit (see instructions)	35	00			
36	Credit for qualified Volunteer Emergency Responders (see instructions)	36	00			
37	School Readiness Tax Credit for qualified staff members (see instructions)	37	00			
38	Total refundable credits (add lines 29 through 37)			38		00
39	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** ☐			39		00
40	**Total tax and penalty.** Add lines 28 and 39			40		00
41	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 41. If no use tax is due, enter -0- on line 41.			41		00
42	**Total amount due**. If line 38 is less than total of lines 40 and 41, subtract line 38 from the total of lines 40 and 41. Pay this amount in full. For electronic or credit card payment, check here ☐ and see instructions			42		00
43	**Overpayment.** If line 38 is more than total of lines 40 and 41, subtract total of lines 40 and 41 from line 38			43		00
44	Amount of line 43 you want applied to your 2018 estimated tax	44	00			
45	Wildlife Conservation Fund donation of $1 or more	45	00			
46	Amount of line 43 you want **refunded** to you (line 43 minus lines 44 and 45) **Your refund will generally be issued by July 15, if your paper return is filed by April 15** (see instructions)			46		00

47a Routing Number ☐☐☐☐☐☐☐☐☐ **47b** Type of Account ☐ 1 = Checking 2 = Savings

47c 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.)

Direct Deposit

47d ☐ 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

Keep a copy of this return for your records.

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

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.**