


18	Nebr. personal exemption credit for residents only (\$146 times the number on line 4)	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	Designated extremely blighted area tax credit (attach Form 1040N-EB)	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 instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return				28	00
29	Total Nebraska income tax withheld (attach 2022 Forms, see instructions)	29		00	
a W-2 \$ _____ b K-1N \$ _____					
c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ _____					
30	2022 estimated income tax payments (include any 2021 overpayment credited to 2022 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 (NDA NextGen)	33		00	
34	Nebraska earned income credit. Enter number of qualifying children 97 <input type="text"/> Federal credit 98 \$ <input type="text"/> x .10 (10%) (attach pages 1-2 of federal return)	34		00	
35	Credit for school district property taxes (attach Form PTC)	35		00	
36	Credit for community college property taxes (attach Form PTC)	36		00	
37	Credit for qualified Volunteer Emergency Responders (see instructions)	37		00	
38	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)	38		00	
39 Total refundable credits (add lines 29 through 38)				39	00
40 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"/>				40	00
41 Total tax and penalty. Add lines 28 and 40				41	00
42 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 42. If no use tax is due, enter -0- on line 42.				42	00
43 Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from total of lines 41 and 42 Pay this amount in full. For electronic or credit card payment check here <input type="checkbox"/> and see instructions.				43	00
44 Overpayment. If line 39 is more than the total of lines 41 and 42, subtract the total of lines 41 and 42 from line 39.				44	00
45 Amount of line 44 you want applied to your 2023 estimated tax				45	00
46 Wildlife Conservation Fund donation of \$1 or more 				46	00
47 Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions).				47	00

48a Routing Number

48b Type of Account 1 = Checking 2 = Savings

48c Account Number

48d 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 true, correct, and complete.

sign here

Your Signature _____ Date (/) _____
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 _____