


50 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"/>	50		00
51 Total tax and penalty. Add lines 33 and 50	51		00
52 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 52. If no use tax is due, enter -0- on line 52	52		00
53 Total amount due. If line 49 is less than total of lines 51 and 52, subtract line 49 from total of lines 51 and 52 Pay this amount in full. For electronic or credit card payment check box here <input type="checkbox"/> and see instructions	53		00
54 Overpayment. If line 49 is more than the total of lines 51 and 52, subtract the total of lines 51 and 52 from line 49.	54		00
55 Amount of line 54 you want applied to your 2025 estimated tax	55		00
56 Wildlife Conservation Fund donation of \$1 or more 	56		00
57 Amount of line 54 you want refunded to you (line 54 minus lines 55 and 56) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions)	57		00

58a Routing Number

58b Type of Account 1 = Checking 2 = Savings

58c Account Number

58d Check this box if this refund will go to a bank account outside the United States.



sign here 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.

Keep a copy of this return for your records.

paid preparer's use only

Your Signature _____ Date () _____ Email Address _____

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

Preparer's Signature _____ Date _____ Preparer's PTIN () _____

Print Firm's Name (or yours if self-employed), Address and ZIP Code _____ EIN _____ Daytime Phone _____

A copy of the federal return and schedules must be attached to this return.
 E-file your return. NebFile offers **FREE** e-filing of your state return for most Nebraska residents.
 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.