

**NEBRASKA INDIVIDUAL INCOME TAX RETURN****FORM 1040N**for the taxable year January 1, 2006 through December 31, 2006
or other taxable year:
, 2006 through ,**2006**•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	
Current Home Address (Number and Street or Rural Route and Box Number)			
PLACE LABEL HERE			
City, Town, or Post Office		State	Zip Code

IMPORTANT: SSN(S) MUST BE ENTERED BELOW.

Your Social Security Number

Spouse's Social Security No.

High School District Code(must be entered using high
school codes beginning on
page 17)(1) ☐ Farmer/Rancher(2) ☐ Active Military(1) ☐ Deceased (first name & date of death):

/ /

1 Federal Filing Status(1) ☐ Single(3) ☐ Married, filing separate—Spouse's S. S. No.:(4) ☐ Head of Household(2) ☐ Married, filing joint

and Full Name

(5) ☐ Widow(er) with dependent children**2a Check if YOU were:**(1) ☐ 65 or older(2) ☐ Blind**2b Check here if someone (such as your parent) can claim you or
your spouse as a dependent:** (5) ☐**SPOUSE was:**(3) ☐ 65 or older(4) ☐ Blind**3 Type of Return**(1) ☐ Resident(2) ☐ Partial-year resident from

, 2006 to

, 2006 (**attach** Schedule III)(3) ☐ Nonresident (**attach** Schedule III)**4 Federal exemptions** (number of exemptions claimed on your 2006 federal return)**4****5 Federal adjusted gross income (AGI)** (Federal Form 1040EZ, line 4; Federal Form 1040A, line 21;
Federal Form 1040, line 37)**5****If you entered -0- tax on: Federal Form 1040EZ, line 11; Federal Form 1040A, line 28;
or Federal Form 1040, lines 44, 45, and 60, see Special Instructions on page 6. Check box ☐.**
(Partial-year residents and nonresidents must still complete Nebraska Schedule III.)**6 Nebraska standard deduction** (if you checked any box on line 2a or 2b above,
see instructions; otherwise, enter \$8,580 if married-joint or qualified widow[er];
\$5,130 if single; \$7,550 if head of household; or \$4,290 if married-separate)**6****7 Total itemized deductions** (Federal Schedule A, line 28 – see instructions)**7****8 State and local income taxes** (Federal Form 1040, line 5, Sch. A –
see instructions.)**8****9 Nebraska itemized deductions** (line 7 minus line 8)**9****10 Enter the amount from line 6 or line 9, whichever is greater** (see instructions)**10****11 Nebraska income before adjustments** (line 5 minus line 10)**11****12 Adjustments increasing federal AGI** (line 47, from **attached** Nebraska
Schedule I)**12****13 Adjustments decreasing federal AGI** (line 57, from **attached** Nebraska
Schedule I)**13**If the amount on line 13 is **ONLY** for a state income tax refund deduction, check this box: ☐ (see instr.)


(NOTE: If line 12 is zero (-0-), and you check this box, do not complete Nebraska Schedule I.)

14 Tax table income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-**14****15 Nebraska income tax** (residents use Nebr. Tax Table; others use Nebr. Sch. III)**15****16 Nebraska minimum or other tax** (Forms 6251, 4972, or 5329—see instructions)**16****17 Total Nebraska tax** before personal exemption credit (add lines 15 and 16). Do not pay the amount on this
line. Pay the amount from line 38**17**

Please Attach State Copy of W-2 Here

Please Attach Check or Money Order Here

FOLD•HERE

18	Amount from line 17 (Total Nebraska tax)	18		
19	Nebraska personal exemption credit for residents only (\$106 per exemption)	19		
20	Credit for tax paid to another state (attach Nebraska Schedule II and the other state's return). Check this box if reporting AMT credit <input type="checkbox"/>	20		
21	Credit for the elderly or disabled (attach copy of Federal Schedule R/ Schedule 3 —see instructions)	21		
22	CDAA credit (see instructions)	22		
23	Form 3800N nonrefundable credit (attach Form 3800N)	23		
24	Form 829N credit (see instructions)	24		
25	Nebraska child/dependent care credit, if line 5 is more than \$29,000 (see page 8 of instructions)	25		
26	Nebraska Charitable Endowment Tax credit (Attach statement — most taxpayers cannot claim this credit; see instructions to determine if you qualify)	26		
27	Total nonrefundable credits (add lines 19 through 26)	27		
28	Subtract line 27 from line 18 (if line 27 is more than line 18, enter -0-). If result is more than your federal tax liability (and line 12 is less than \$5,000), see instructions. If entering federal tax, check box <input type="checkbox"/> , and attach federal return copy	28		
29	Nebraska income tax withheld (attach 2006 Forms W-2, W-2G, 1099-R, 1099-MISC, or 14N)	29		
30	2006 estimated tax payments (include 2005 overpayment credited to 2006 and any payments submitted with an extension request).	30		
31	Form 3800N refundable credit (attach Form 3800N)	31		
32	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (see page 9 of instr. and attach copy of Fed. Form 1040A, Sch. 2; Fed. Form 2441, or Nebraska Form 2441N).	32		
33	Beginning Farmer credit (attach certificate)	33		
34	Nebraska earned income credit. Number of qualifying children 97 <input type="text"/> Federal credit 98 \$ <input type="text"/> .00 x .08 (8%). (Attach federal return, pages 1 and 2 — see instructions)	34		
35	Add lines 29, 30, 31, 32, 33, and 34	35		
36	Penalty for underpayment of estimated tax (from attached Form 2210N) (see instructions)	36		
37	Total tax and penalty for underpayment of estimated tax. Add lines 28 and 36	37		
38	TOTAL AMOUNT DUE. If line 35 is less than line 37, subtract line 35 from line 37. Pay this amount in full. For credit card payment check here <input type="checkbox"/> and see page 5 of instructions	38		
39	If line 35 is more than line 37, subtract line 37 from line 35. This is the amount you OVERPAID	39		
40	Amount of line 39 you want APPLIED TO YOUR 2007 ESTIMATED TAX	40		
41	Nongame and Endangered Species Fund DONATION of \$1.00 or more 	41		
42	Nebraska campaign finance CONTRIBUTION of \$1.00 or more	42		
43	Amount of line 39 you want REFUNDED to you (line 39 minus lines 40, 41, and 42). Allow three months for your refund, but if you file electronically and use Direct Deposit, you could receive your refund in 7-10 days. . .	43		

Expecting a Refund?

• Have it sent directly to your bank account! (see instructions on page 10)

44a Routing Number
(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)

44b Type of Account ☐ Checking ☐ Savings

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.)



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 () _____

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**