



# NEBRASKA SCHEDULE I—Income Statement

- Attach this schedule to Nebraska Homestead Exemption Application or Certification of Status, Form 458
- Read instructions carefully

# FORM 458

Applicant's Name as Shown on Form 458

Applicant's Social Security Number

This Income Statement is filed for (select one only, fill in oval completely, example: ):
 Applicant   
 Applicant & Spouse   
 Spouse   
 Other Owner/Occupant

Spouse's or Other Owner/Occupant's Name

Spouse's or Owner/Occupant's Soc. Sec. No.

**NOTE: Do not include other owner/occupant's income on the income statement of the applicant/spouse listed above. Each other owner/occupant's income must be reported on a separate Nebraska Schedule I — Income Statement.**

**IF MARRIED DURING 2008, YOU MUST REPORT INCOME FOR BOTH YOU AND YOUR SPOUSE.****PART I—For Applicants Who DID NOT FILE a 2008 Federal Income Tax Return**

- Complete Worksheet A on reverse side of white copy
- If you filed a 2008 federal income tax return, complete only Part II

**Household Income: January 1 through December 31, 2008**

1 Wages and salaries . . . . .		1	\$	
2 Social security retirement income. If none, explain _____		2		
3 Tier I railroad retirement income . . . . .		3		
4 Total pensions and annuities    4a _____                      4b Taxable amount . . . . .		4b		
5 IRA distributions                      5a _____                      5b Taxable amount . . . . .		5b		
6 Tax exempt interest and dividends (must include all state and local bond income) . . . . .		6		
7 Taxable interest and dividends . . . . .		7		
8 Other income or adjustments (from line G, Worksheet A on reverse side of white copy) . . . . .		8		
9 TOTAL OF LINES 1 THROUGH 8 . . . . .		9		
<b>MEDICAL AND DENTAL EXPENSES – Caution: Do not include expenses reimbursed by insurance or paid by others</b>				
10a Medical and dental expenses (see instructions) . . . . .	10a			
10b Multiply <b>LINE 9</b> by 4% (.04) . . . . .	10b			
10c Subtract line 10b from line 10a. If line 10b is more than line 10a enter -0- . . . . .	10c			
11 HOUSEHOLD INCOME (line 9 minus line 10c) . . . . .	11			

**PART II—For Applicants Who FILED a 2008 Federal Income Tax Return**

- If you did not file a 2008 federal income tax return, please complete only Part I and Worksheet A.

**Household Income: January 1 through December 31, 2008**

1 Federal adjusted gross income (AGI) from line 37, Federal Form 1040; line 21, Federal Form 1040A or line 4, Federal Form 1040EZ . . . . .		1		
2 Social security retirement income (see instructions for Part II, line 2) . . . . .		2		
3 Tier I railroad retirement income (see instructions for Part II, line 3) . . . . .		3		
4 Nebraska adjustments increasing federal AGI (from line 12, Form 1040N) . . . . .		4		
5 Income from Nebraska obligations (from line 45b, Schedule I, Form 1040N) . . . . .		5		
6 TOTAL OF LINES 1 THROUGH 5 . . . . .		6		
<b>MEDICAL AND DENTAL EXPENSES – CAUTION: Do not include expenses reimbursed by insurance or paid by others</b>				
7a Medical and dental expenses (see instructions) . . . . .	7a			
7b Multiply <b>LINE 6, Part II</b> , by 4% (.04) . . . . .	7b			
7c Subtract line 7b from line 7a. If line 7b is more than line 7a enter -0- . . . . .	7c			
8 HOUSEHOLD INCOME (line 6 minus line 7c) . . . . .	8			

Under penalties of law, I declare that I have examined this schedule, and that it is, to the best of my knowledge and belief, correct and complete.

**sign here**

Signature of Person Whose Income is Shown

(Spouse's Signature if Income Included)

Date

( ) Daytime Phone

**FILE FORM 458 AND THIS SCHEDULE WITH YOUR COUNTY ASSESSOR AFTER FEBRUARY 1 AND ON OR BEFORE JUNE 30  
RETAIN CANARY COPY FOR YOUR RECORDS**

**WORKSHEET A—Line 8, Part I; Other Income or Adjustments**

<b>A</b> Net business (including rental) or farm income or (loss) . . . . .	<b>A</b>	\$	
<b>B</b> Capital gains or (losses) . . . . .	<b>B</b>		
<b>C</b> Other gains or (losses) . . . . .	<b>C</b>		
<b>D</b> Unemployment compensation. . . . .	<b>D</b>		
<b>E</b> Any other income or (adjustments reducing income ) (explain): _____	<b>E</b>		
<b>F</b> Penalty on early withdrawal of savings . . . . .	<b>F</b>	<	>
<b>G TOTAL of lines A through F</b> (enter here and on line 8, Part I) . . . . .	<b>G</b>		

PLEASE MAKE A COPY THIS WORKSHEET FOR YOUR RECORDS.