

Please Type or Print

| | | |
|---|-----------|--|
| Your First Name and Initial | Last Name | Please Do Not Write In This Space |
| If a Joint Return, Spouse's First Name and Initial | Last Name | |
| Current Mailing Address (Number and Street or PO Box) | | |
| City | State | |

| | | | |
|-----------------------------|---------------------------------|---------------------------|--|
| Your Social Security Number | Spouse's Social Security Number | High School District Code | |
|-----------------------------|---------------------------------|---------------------------|--|

During 2022, did you receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? Yes No

| | | | |
|---|--|--|--|
| (1) <input type="checkbox"/> Farmer/Rancher | (2) <input type="checkbox"/> Active Military | (1) <input type="checkbox"/> Deceased Taxpayer(s) (first name & date of death): | |
|---|--|--|--|

1 Federal Filing Status:

(1) Single (2) Married, filing jointly and Full Name _____ (3) Married, filing separately – Spouse's SSN: _____ and Full Name _____ (4) Head of Household (5) Widow(er) with dependent children

2a Check if YOU were: (1) 65 or older (2) Blind (3) 65 or older (4) Blind

2b Check here if someone (such as your parent) can claim you or your spouse as a dependent: (1) You (2) Spouse

3 Type of Return:

(1) Resident (2) Partial-year resident from _____ / _____, 2022 to _____ / _____, 2022 (attach Schedule III) (3) Nonresident (attach Schedule III)

4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):

a Yourself. If someone can claim you as a dependent, leave blank. **4 a** _____

b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. **4 b** _____

| Dependents, if more than three, see instructions | First Name | Last Name | Dependent's Social Security Number |
|--|------------|-----------|------------------------------------|
| | | | |
| | | | |
| | | | |

Total number of dependents listed **4 c** _____

Total Nebraska personal exemptions – add lines 4a, 4b, and 4c **4** _____

| | | | |
|---|-----------|--|----|
| 5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank | 5 | | 00 |
| 6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,350 if single; \$14,700 if married, filing jointly or qualified widow[er]; \$7,350 if married, filing separately; or \$10,750 if head of household) | 6 | | 00 |
| 7 Total itemized deductions (line 17, Federal Schedule A – see instructions) | 7 | | 00 |
| 8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR) | 8 | | 00 |
| 9 Nebraska itemized deductions (line 7 minus line 8) | 9 | | 00 |
| 10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9) | 10 | | 00 |
| 11 Nebraska income before adjustments (line 5 minus line 10) | 11 | | 00 |
| 12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I) | 12 | | 00 |
| 13 Adjustments decreasing federal AGI (line 33, from attached Nebraska Schedule I) | 13 | | 00 |
| 14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing | 14 | | 00 |
| 15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.) | 15 | | 00 |
| 16 Nebraska other tax calculation: | | | |
| a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$ _____ | | | |
| b Federal tax on early distributions (lesser of Federal Form 5329 or line 8, Sch. 2, Federal Form 1040 or 1040-SR) 16 b \$ _____ | | | |
| c Total (add lines 16a and 16b) 16 c \$ _____ | | | |
| Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III | 16 | | 00 |
| 17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43. | 17 | | 00 |

