

ESTATE'S OR TRUST'S NAME AND MAILING ADDRESS				BENEFICIARY'S NAME AND MAILING ADDRESS			
Name Doing Business As (dba)				Name			
Legal Name							
Street or Other Mailing Address				Street or Other Mailing Address			
City	State	Zip Code		City	State	Zip Code	
Nebraska ID Number		Federal ID Number		Nebraska ID Number		Federal ID Number	
Taxable Year of Organization Beginning _____, 2013 and Ending _____, 20 _____				Social Security Number		Spouse's Social Security Number	
If applicable, check the appropriate box: <input type="checkbox"/> Final <input type="checkbox"/> Amended				Check One: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Nonresident Individual <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Other (describe) _____			

**Part A
Beneficiary's Share of Income and Deductions**

1 Ordinary business income (loss)	1	
2 Net income (loss) from rental real estate activities	2	
3 Net income (loss) from other rental activities	3	
4 Interest income	4	
5 Dividend income	5	
6 Net short-term capital gain (loss)	6	
7 Net long-term capital gain (loss)	7	
8 Other income	8	
9 Estate tax	9	
10 Other deductions and losses	10	

**Part B
Beneficiary's Share of Modifications**

11 Qualified U.S. government interest deduction	11	
12 State and local bond interest and dividend income	12	

**Part C
Beneficiary's Share of Credits**

13 Community Development Assistance Act credit	13	
14 Form 3800N credit	14	
15 Angel investment tax credit	15	
16 Nebraska income tax withheld (see instructions)	16	