



# Nebraska S Corporation Income Tax Return

FORM 1120-SN

for the calendar year January 1, 2014 through December 31, 2014 or other taxable year  
beginning , and ending ,**2014**

Name Doing Business As (dba)			PLEASE DO NOT WRITE IN THIS SPACE	
Legal Name				
Street or Other Mailing Address				
City	State	Zip Code	Business Classification Code	Date Business Began in Nebraska
Principal Business Activity in Nebraska	Federal ID Number	Nebraska ID Number 24—	Does the S corporation have nonresident individual shareholders? <input type="checkbox"/> YES (Complete Schedule II.) <input type="checkbox"/> NO	

Check applicable box(es):

- (1)  Initial Nebraska Return      (3)  Change in Address      (5)  Form 7004 Attached      (7)  Distributed Form 3800N Credit  
 (2)  Final Return      (4)  Amended Return      (6)  Form 3800N Attached

**Do not file if all shareholders are Nebraska residents and all income is derived from Nebraska sources.**

1 Ordinary business income (line 21, Federal Form 1120S) . . . . .	1		00
2 Nebraska adjustments increasing ordinary business income (line 7, Schedule A) . . . . .	2		00
3 Nebraska adjustments decreasing ordinary business income (line 17, Schedule A) . . . . .	3		00
4 Nebraska adjusted income (line 1 plus line 2 minus line 3) . . . . .	4		00
5 Income reported to Nebraska (enter line 4 above or line 3, Schedule I, if applicable) . . . . .	5		00
<b>If line 5 shows a loss, skip lines 6 through 10 and go to line 11.</b>			
6 Percent of ownership by nonresident individual shareholders. . . . .	6	%	
7 Percent of ownership by nonresident individual shareholders for whom Nebraska Nonresident Income Tax Agreements, Forms 12N, are attached . . . . .	7	%	
8 Percent of income subject to withholding (line 6 minus line 7) . . . . .	8	%	
9 Income reported to Nebraska subject to withholding (line 5 multiplied by line 8) . . . . .	9		00
10 Nebraska income tax withheld for nonresident individual shareholders (multiply line 9 by .0684) . . . . .	10		00
11 Form 3800N credit and recapture . . . . .	11		00
12 Tax deposited with Form 7004N and 2014 estimated tax payments . . . . .	12		00
13 TAX DUE if line 10 plus line 11 minus line 12 is greater than zero . . . . .	13		00
14 Overpayment if line 10 plus line 11 minus line 12 is less than zero . . . . .	14		00
15 Amount on line 14 you want credited to 2015 estimated tax. . . . .	15		00
16 Overpayment to be REFUNDED (line 14 minus line 15). Complete lines 17a, 17b, and 17c to receive your refund electronically. Complete line 17d if appropriate (see instructions). . . . .	16		00

17a Routing Number  17b Type of Account  1 = Checking 2 = Savings

(Enter 9 digits - the first two digits must be 01 through 12, or 21 through 32.  
Use the checking or savings account number from an actual check, not a deposit slip.)

17c 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.)

17d  Check this box if this refund will go to a bank account outside the United States (see instructions).

Under penalties of perjury, I declare that as taxpayer or preparer I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct and complete.

**sign here**

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_ Email Address \_\_\_\_\_  
 \_\_\_\_\_  
 Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**paid preparer's use only**

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Preparer's PTIN \_\_\_\_\_

Firm's Name (or yours if self-employed), Address, and Zip Code \_\_\_\_\_ EIN \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**A copy of the federal return and supporting schedules must be attached to this return.**  
**Taxpayers with more than 50 Federal K-1s are encouraged to submit copies and supporting schedules using CD-R media or flash drives.**  
**Mail this return and payment to: Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818.**



**S Corporation With Other Income And Deductions**  
**Nebraska Schedule A—Adjustments to Ordinary Business Income**  
 • Enter amounts for lines 1 through 4 from Schedule K, Federal Form 1120S.

**FORM 1120-SN**  
**Schedule A**  
**2014**

Name on Form 1120-SN

Nebraska ID Number  
 24—

<b>Adjustments Increasing Ordinary Business Income</b>		<b>Totals</b>	
<b>1</b> Net income from rental real estate activities .....	<b>1</b>		00
<b>2</b> Net income from other rental activities .....	<b>2</b>		00
<b>3</b> Portfolio income:			
<b>a</b> Interest income .....	<b>3 a</b>		00
<b>b</b> Dividend income .....	<b>3 b</b>		00
<b>c</b> Royalty income .....	<b>3 c</b>		00
<b>d</b> Net short-term capital gain.....	<b>3 d</b>		00
<b>e</b> Net long-term capital gain.....	<b>3 e</b>		00
<b>f</b> Other portfolio income .....	<b>3 f</b>		00
<b>4</b> Net gain under Section 1231 (other than casualty or theft).....	<b>4</b>		00
<b>5</b> State and local government interest and dividend income (see instructions) .....	<b>5</b>		00
<b>6</b> Other income (attach schedule) .....	<b>6</b>		00
<b>7</b> Total adjustments increasing ordinary business income (total of lines 1 through 6). Enter here and on line 2, Form 1120-SN .....	<b>7</b>		00
<b>Adjustments Decreasing Ordinary Business Income</b>		<b>Totals</b>	
• Enter amounts for lines 9 through 15 from Schedule K, Federal Form 1120S.			
<b>8</b> Qualified U.S. government interest deduction (see instructions).....	<b>8</b>		00
<b>9</b> Net loss from rental real estate activities.....	<b>9</b>		00
<b>10</b> Net loss from other rental activities .....	<b>10</b>		00
<b>11</b> Portfolio loss:			
<b>a</b> Net short-term capital loss.....	<b>11 a</b>		00
<b>b</b> Net long-term capital loss .....	<b>11 b</b>		00
<b>c</b> Other portfolio loss.....	<b>11 c</b>		00
<b>12</b> Net loss under Section 1231 .....	<b>12</b>		00
<b>13</b> Other loss not included in lines 9 through 12 .....	<b>13</b>		00
<b>14</b> Charitable contributions .....	<b>14</b>		00
<b>15</b> Section 179 expense deduction .....	<b>15</b>		00
<b>16</b> Other deductions (attach schedule) .....	<b>16</b>		00
<b>17</b> Total adjustments decreasing ordinary business income (total of lines 8 through 16). Enter here and on line 3, Form 1120-SN .....	<b>17</b>		00