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NEBRASKA
Good Life. Great Service.
DEPARTMENT OF REVENUE

Nebraska Return of Partnership Income

for the calendar year January 1, 2016 through December 31, 2016 or other taxable year
beginning , and ending ,

FORM 1065N
2016

Please Type or Print

Name Doing Business As (dba)

PLEASE DO NOT WRITE IN THIS SPACE

Legal Name

Street or Other Mailing Address

City | State | Zip Code

Business Class. Code (See Instr.) | Date Business Began in Nebraska

Principal Business Activity in Nebraska | Federal ID Number | Nebraska ID Number

Does the partnership have nonresident individual partners? ☐ YES (Complete Schedule II) ☐ NO

Type of Organization
☐ Partnership ☐ Limited Liability Company ☐ Electing Large Partnership ☐ Publicly Traded Partnership ☐ Other (describe) _____

Check the applicable boxes:

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

1 Ordinary business income (line 22, Federal Form 1065)	1		00
2 Nebraska adjustments increasing ordinary business income (line 8, Schedule A)	2		00
3 Nebraska adjustments decreasing ordinary business income (line 18, Schedule A)	3		00
4 Nebraska adjusted income (line 1 plus line 2 minus line 3; Electing Large Partnerships enter amount from line 11, Nebraska Schedule ELP)	4		00
5 Income reported to Nebraska (enter line 4 above or line 3, Schedule I, if applicable)	5		00

If line 5 shows a loss, skip lines 6 and 7 and go to line 8.

6 Income reported to Nebraska subject to withholding (enter the Column (F), Schedule II total)	6		00
7 Nebraska income tax withheld for nonresident individual partners (enter the Column (G), Schedule II total)	7		00
8 Form 3800N credit and recapture	8		00
9 Tax deposited with Form 7004N and 2016 estimated income tax payments	9		00
10 TAX DUE if line 7 plus line 8 minus line 9 is greater than zero. ☐ Check this box if your payment is being made electronically.	10		00
11 Overpayment to be REFUNDED if line 7 plus line 8 minus line 9 is less than zero	11		00

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 Partner or Member | Date | Email Address

Title | Phone Number

paid preparer's use only

Preparer's Signature | Date | Preparer's PTIN

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

Paper filers must attach a copy of the federal return and supporting schedules to this return.
All filers are encouraged to e-file their return including schedules K-1N.
Mail this return and payment to: **Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818.**

revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

8-284-2016

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Partnership With Other Income And Deductions
Nebraska Schedule A—Adjustments to Ordinary Business Income

• Enter amounts for lines 1 through 5 from Schedule K, Federal Form 1065.

FORM 1065N
Schedule A
2016

Name on Form 1065N

Nebraska ID Number

Adjustments Increasing Ordinary Business Income		Totals
1 Net income from rental real estate activities	**1**	00
2 Net income from other rental activities	**2**	00
3 Portfolio income:		
a Interest income **3 a** _____		
b Dividend income **3 b** _____		
c Royalty income **3 c** _____		
d Net short-term capital gain **3 d** _____		
e Net long-term capital gain **3 e** _____		
f Other portfolio income **3 f** _____		
Total portfolio income (total of lines 3a through 3f)	**3**	00
4 Guaranteed payments to partners	**4**	00
5 Net gain under IRC Section 1231 (other than casualty or theft)	**5**	00
6 State and local bond interest and dividend income (see instructions)	**6**	00
7 Other income (attach schedule)	**7**	00
8 Total adjustments increasing ordinary business income (total of lines 1 through 7). Enter here and on line 2, Form 1065N	**8**	00

Adjustments Decreasing Ordinary Business Income **• Enter amounts for lines 10 through 16 from Schedule K, Federal Form 1065.**		Totals
9 Qualified U.S. government interest deduction (see instructions)	**9**	00
10 Net loss from rental real estate activities	**10**	00
11 Net loss from other rental activities	**11**	00
12 Portfolio loss:		
a Net short-term capital loss **12a** _____		
b Net long-term capital loss **12b** _____		
c Other portfolio loss **12c** _____		
Total porfolio loss (total of lines 12a through 12c)	**12**	00
13 Net loss under IRC Section 1231	**13**	00
14 Other loss not included in lines 10 through 13	**14**	00
15 Charitable contributions	**15**	00
16 Section 179 expense deduction	**16**	00
17 Other deductions (attach schedule)	**17**	00
18 Total adjustments decreasing ordinary business income (total of lines 9 through 17). Enter here and on line 3, Form 1065N	**18**	00