

Nebraska S Corporation Income Tax Return

FORM 1120-SN

2017

for the calendar year January 1, 2017 through December 31, 2017 or other taxable year
beginning , and ending ,

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 Classification Code	Date Business Began in Nebraska
Principal Business Activity in Nebraska	Federal ID Number	Nebraska ID Number	Does the S corporation have nonresident individual shareholders? <input type="checkbox"/> YES (Complete Schedule II.) <input type="checkbox"/> NO	

Check the applicable boxes:

- | | | | |
|--|--|---|--|
| (1) <input type="checkbox"/> Initial Nebraska Return | (3) <input type="checkbox"/> Change in Address | (5) <input type="checkbox"/> Amended Return | (7) <input type="checkbox"/> Form 3800N Attached |
| (2) <input type="checkbox"/> Final Return | (4) <input type="checkbox"/> Change in Name | (6) <input type="checkbox"/> Form 7004 Attached | (8) <input type="checkbox"/> Distributed Form 3800N Credit |

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
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 shareholders. Enter the Column (G), Schedule II total	7		00
8 Form 3800N credit and recapture	8		00
9 Tax deposited with Form 7004N and 2017 estimated income tax payments	9		00
10 TAX DUE if line 7 plus line 8 minus line 9 is greater than zero. <input type="checkbox"/> Check this box if your payment is being made electronically	10		00
11 Overpayment if line 7 plus line 8 minus line 9 is less than zero.	11		00
12 Amount on line 11 you want credited to 2018 estimated income tax	12		00
13 Overpayment to be REFUNDED (line 11 minus line 12). Complete lines 14a, 14b, and 14c to receive your refund electronically. Complete line 14d if appropriate (see instructions)	13		00

14a Routing Number **14b** Type of Account 1 = Checking 2 = Savings

14c 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.)

14d ☐ 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

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.**

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.

Name on Form 1120-SN

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