

Nebraska S Corporation Income Tax Return

2020

for the calendar year January 1, 2020 through December 31, 2020 or other taxable year
beginning , and ending ,

Name Doing Business As (dba) _____ Legal Name _____ Street or Other Mailing Address _____ City State Zip Code _____			PLEASE DO NOT WRITE IN THIS SPACE	
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 if:

(1) <input type="checkbox"/> Initial Return	(3) <input type="checkbox"/> Address Change	(5) <input type="checkbox"/> Amended Return	(7) <input type="checkbox"/> Form 3800N, 775N, or 312N Attached
(2) <input type="checkbox"/> Final Return (Example, dissolved. See instr.)	(4) <input type="checkbox"/> Name Change	(6) <input type="checkbox"/> Form 7004 Attached	(8) <input type="checkbox"/> Distributed Form 3800N Credit

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) If less than zero, do not complete columns (E), (F), or (G) on Schedule II.	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 2020 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 2021 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.**

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 (list below or attach schedule)			
a List type: _____ b Amount: \$ _____			
Total other income. Enter total of lines 6b	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 (list below or attach schedule)			
a List type: _____ b Amount: \$ _____			
Total other deductions. Enter total of lines 16b	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