

1 Federal Filing Status:
(1) Single
(3) Married, filing separately-Spouse's SSN:
(4) Head of Household
(2) Married, filing jointly and Full Name
(5) Widow(er) with dependent children

| 2a Check if YOU were: | (1) | 65 or older | (2) | Blind |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| SPOUSE was: | (3) | 65 or older | (4) | Blind | 2b Check here if someone (such as your parent) can claim you or |
| your spouse as a dependent: (1) $\square$ You | (2) $\square$ Spouse |  |  |  |  |

4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):
a Yourself. If someone can claim you as a dependent, leave blank.
4 a
b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. . . . . . . 4 b
c

| Dependents, if more than three, see instructions <br> Last Name | Dependent's <br> First Name |
| :--- | :--- |
|  |  |
|  |  |
|  |  |

Total number of dependents listed . . . . 4 c
Total Nebraska personal exemptions - add lines 4a, 4b, and 4c
6 Nebraska standard deduction (if you checked any boxes on line 2a or 2 b above, see instructions; otherwise, enter $\$ 7,350$ if single; $\$ 14,700$ if married, filing jointly or qualified widow[er]; $\$ 7,350$ if married, filing separately; or $\$ 10,750$ if head of household) .
7 Total itemized deductions (line 17, Federal Schedule A - see instructions).
8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR)
9 Nebraska itemized deductions (line 7 minus line 8)

|  |  |  |
| :--- | :--- | :--- |
| 6 |  | 00 |
| 7 |  | 00 |
| 8 |  | 00 |
| 9 |  | 00 |

10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9)
11 Nebraska income before adjustments (line 5 minus line 10). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 11 . 10 .

12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I)
13 Adjustments decreasing federal AGI (line 33, from attached Nebraska Schedule I)

| 12 | 00 |  |
| :--- | :--- | :--- |
| 13 |  | 00 |

14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than $-0-$, enter $-0-$. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing .
14 00



48d $\square$ Check this box if this refund will go to a bank account outside the United States.


A copy of the federal return and schedules must be attached to this return.
Mail returns to: Nebraska Department of Revenue, Lincoln, NE 68509-8912. Use PO Box 98912 to request a refund, otherwise use PO Box 98934. E-file your return. NebFile offers FREE e-filing of your state return.

