18	Amount from line 17 (Total Nebraska tax)				18	00
19	Nebraska personal exemption credit for residents only ($131 per exemption)	19		00		
20	Credit for tax paid to another state, line 6, Nebraska Schedule II **(attach Nebraska Schedule II and a copy of the other state's return)**	20		00		
21	Credit for the elderly or disabled (attach copy of Federal Schedule R)	21		00		
22	Community Development Assistance Act credit (attach Form CDN)	22		00		
23	Form 3800N nonrefundable credit (attach Form 3800N)	23		00		
24	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than $29,000 (attach a copy of Federal Form 2441 and see instructions)	24		00		
25	Credit for financial institution tax (attach Form NFC)	25		00		
26	Total nonrefundable credits (add lines 19 through 25)				26	00
27	Subtract line 26 from line 18 (if line 26 is more than line 18, enter -0-). If the result is greater than your federal tax liability, complete the Federal Tax Liability Worksheet in the instructions. If entering federal tax, check box ☐ and attach a copy of the federal return				27	00
28	Total Nebraska income tax withheld (attach 2016 Forms, see instructions) **a** W-2 $ _____ **b** K-1N $ _____ **c** W-2G, 1099-R,1099-MISC, or others $ _____	28		00		
29	2016 estimated tax payments (include any 2015 overpayment credited to 2016 and any payments submitted with an extension request)	29		00		
30	Form 3800N refundable credit (attach Form 3800N)	30		00		
31	Nebraska child/dependent care refundable credit, if line 5 is $29,000 or less (attach a copy of Form 2441N)	31		00		
32	Beginning Farmer credit (from Form 1099 BFC)	32		00		
33	Nebraska earned income credit. Enter number of qualifying children **97** ☐ Federal credit **98** $ .00 x .10 (10%) (attach federal return, pages 1 and 2 – see instructions)	33		00		
34	Angel Investment Tax Credit (see instructions)	34		00		
35	Total refundable credits (add lines 28 through 34)				35	00
36	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box **96** ☐				36	00
37	**Total tax and penalty.** Add lines 27 and 36				37	00
38	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax **91** $_____ State tax **92** $_____ (purchases x 5.5%); Enter purchases subject to local tax **93** $_____ Local tax **94** $_____ (purchases x local rate of ____%) **95** Local code__ __ __(see local rate schedule); Add state and local taxes and enter on line 38. If no use tax is due, enter -0- on line 38.				38	00
39	**Total amount due**. If line 35 is less than total of lines 37 and 38, subtract line 35 from the total of lines 37 and 38. Pay this amount in full. For electronic or credit card payment, check here ☐ and see instructions				39	00
40	**Overpayment.** If line 35 is more than total of lines 37 and 38, subtract total of lines 37 and 38 from line 35				40	00
41	Amount of line 40 you want applied to your 2017 estimated tax	41		00		
42	Wildlife Conservation Fund donation of $1 or more	42		00		
43	Amount of line 40 you want **refunded** to you (line 40 minus lines 41 and 42). **File early! It may take three months to receive your refund if you file a paper return**				43	00

Expecting a Refund? Have it sent directly to your bank account! (see instructions)

44a Routing Number ☐☐☐☐☐☐☐☐☐ **44b** Type of Account ☐ 1 = Checking 2 = Savings

(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32; use an actual check or savings account number, not a deposit slip)

44c 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.)

Direct Deposit

44d ☐ Check this box if this refund will go to a bank account outside the United States.

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

sign here ▶ Your Signature | Date | Email Address

Keep a copy of this return for your records. ▶ Spouse's Signature (if filing jointly, **both** must sign) | Daytime Phone ( )

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 ( )

Mail returns **requesting a refund** to: **Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912.**
Mail returns **not requesting a refund** to: **Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.**