18	Nebr. personal exemption credit for residents only (\$157 times the number on line 4)	18		00			
	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)	19		00			
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	_		00			
	Community Development Assistance Act credit (attach Form CDN)	-		00			
	Form 3800N nonrefundable credit (attach Form 3800N)	_		00			
	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)	23		00			
24	Credit for financial institution tax (attach Form NFC)	24		00			
	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)			00			
		26		00			
27	NE employer tax credit for employing convicted felons. Enter certificate number from						
	Form ETC-A	27		00			
28	Total nonrefundable credits (add lines 18 through 27)				28		00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than	line	17, enter -0-). If the				
	result is greater than your federal tax liability, see instructions. If entering federal tax, check be	хΓ]		29		00
30	Total Nebraska income tax withheld (attach 2023 Forms, see instructions)						
	a W-2 \$ b K-1N \$			00			
	c W-2G,1099-R, 1099-MISC, 1099-NEC, etc \$ d PTET credit from K-1N	30		00			
31	2023 estimated income tax payments (include any 2022 overpayment credited to 2023 and						
	any payments submitted with an extension request)			00			
	Form 3800N refundable credit (attach Form 3800N)	32		00			
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less			00			
	(attach a copy of Form 2441N)			00			
	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00			
35	Nebraska earned income credit. Enter number of qualifying children 97	0.5		00			
00	Federal credit 98 \$00 x .10 (10%) (see instructions)			00	1		
	Credit for school district property taxes (attach Form PTC)			00			
	Credit for community college property taxes (attach Form PTC)			00			
	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)			00			
	Total refundable credits (add lines 30 through 39)				40		00
	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N				70		
71	or used the annualized income method, attach Form 2210N, and check this box 96				41		00
42	Total tax and penalty. Add lines 29 and 41				42		00
	Use tax due on taxable purchases where applicable sales tax was not collected. (see instruction						
	Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 5.59	,					
	Enter purchases subject to local tax 93 \$ Local tax 94 \$ (purchases x local		e of%)				
	95 Local code (see local rate schedule);						
	Add state and local taxes and enter on line 43. If no use tax is due, enter -0- on line 43				43		00
44	Total amount due. If line 40 is less than total of lines 42 and 43, subtract line 40 from total of	lines	42 and 43				
	Pay this amount in full. For electronic or credit card payment check box here and see instruc	ction	S		44		00
45	Overpayment. If line 40 is more than the total of lines 42 and 43, subtract the total of lines 42	and	43 from line 40		45		00
46	Amount of line 45 you want applied to your 2024 estimated tax	46		00			
	Wildlife Conservation Fund donation of \$1 or more	47		00			
48	Amount of line 45 you want refunded to you (line 45 minus lines 46 and 47) Your refund will	_					
	July 15, if your paper return is filed by April 15 (see instructions).				48		00
49	a Routing Number 49b Type of Account		1 = Checking	2	2 = Sa	vings	
						Direct .	
49	c Account Number					Deposi	t
49	d ☐ Check this box if this refund will go to a bank account outside the United States.		<u></u>				
sign 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 true, correct, and complete.							
еер а	Programme Progra	dress	S				
is ret	urn for Spouse's Signature (if filing jointly, both must sign) Daytime Phone						
	paid						
rep	arer's Preparer's Signature Date Preparer'	's PT	IN				
us	e only Print Firm's Name (or yours if self-employed), Address and ZIP Code EIN					_ () Daytime Phone	
	rima rima name (or yours ir sein-employed), Addiess and All Gode EIN					Dayinne i none	