NEBRASKA Good Life Great Service

Nebraska Individual Income Tax Return

for the taxable year January 1, 2021 through December 31, 2021 or other taxable year:

FORM 1040N

2021 2021 through DEPARTMENT OF REVENUE Last Name Your First Name and Initial Please Do Not Write In This Space SATTU NEHA If a Joint Return, Spouse's First Name and Initial Last Name Current Mailing Address (Number and Street or PO Box) 2929 PADDOCK PLAZA , Apt. 144A City Zip Code 68124 **OMAHA** NE**High School District Code** Your Social Security Number Spouse's Social Security Number 8 8 6 4 0 8 6 9 1 1 Yes At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? X No (2) Active Military (1) Farmer/Rancher (1) Deceased Taxpayer(s) (first name & date of death): 1 Federal Filing Status: (4) Head of Household (1) X Single (3) Married, filing separately—Spouse's SSN: (2) Married, filing jointly (5) Widow(er) with dependent children and Full Name 2a Check if YOU were: (1) 65 or older (2) Blind 2b Check here if someone (such as your parent) can claim you or SPOUSE was: 65 or older Blind your spouse as a dependent: (1) \square You 3 Type of Return: (2) Partial-year resident from (1) X Resident , 2021 to , 2021 (attach Schedule III) (3) Nonresident (attach Schedule III) 4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies): b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank......4 b ___ Dependents, if more than three, see instructions Dependent's **First Name Last Name** Social Security Number Total number of dependents listed 4 c 1 5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank 89,624. 00 6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,100 if single; \$14,200 if married, filing jointly or qualified widow[er]; \$7,100 if married, filing separately; or \$10,450 if head of household) 6 7,100. 00 7 Total itemized deductions (line 17, Federal Schedule A – see instructions) 7 00 8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR) 0. 00 0. 00 10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater 7,100. 10 00 11 Nebraska income before adjustments (line 5 minus line 10)..... 82,524. 00 12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I) . 13 Adjustments decreasing federal AGI (line 31, from attached Nebraska Schedule I) 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 . 82,524. 00 15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. 15 4,720. 00 16 Nebraska other tax calculation: a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$ b Federal tax on early distributions (lesser of Federal Form 5329 or line 8, Sch. 2, Federal Form 1040 or 1040-SR) 16 b \$ Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, 00 17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16).

Do not pay the amount on this line. Pay the amount from line 43.....

00

4,720.

18	Nebr. personal exemption credit for residents only (\$142 times the number on line 4)	18	142.	00			
19	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)	20		00			
21	Community Development Assistance Act credit (attach Form CDN)	21		00			
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00			
23	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			
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00			
26	School Readiness Tax Credit for providers (see instructions)	26		00			
27	Designated extremely blighted area tax credit (attach Form 1040N-EB)	27		00			
28	Total nonrefundable credits (add lines 18 through 27)				28	142.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is	more	e than line 17,				
	enter -0-). If the result is greater than your federal tax liability, see page 9 in the inst	tructi	ions. If entering				
	federal tax, check box and attach a copy of the federal return				29	4,578.	00
30	Total Nebraska income tax withheld (attach 2021 Forms, see instructions)						
	a W-2 \$ 4,761. b K-1N \$						
	c W-2G, 1099-R,1099-MISC, 1099-NEC or others \$ 0	30	4,761.	00			
31	2021 estimated income tax payments (include any 2020 overpayment credited to						
	2021 and any payments submitted with an extension request)	31		00			
32	Form 3800N refundable credit (attach Form 3800N)	32		00			
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less						
	(attach a copy of Form 2441N)	33		00			
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00			
	Nebraska earned income credit. Enter number of qualifying children 97						
	Federal credit 98 \$.00 x .10 (10%) (attach pages 1-2 of federal return)	35		00			
36		36		00			
37	Credit for qualified Volunteer Emergency Responders (see instructions)	37		00			
38	School Readiness Tax Credit for qualified staff members (see instructions)	38		00			
39	Total refundable credits (add lines 30 through 38)				39	4,761.	00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Fo	rm 2	2210N penalty of -	0-			
	or greater, or used the annualized income method, attach Form 2210N, and check to	this I	box 96		40		00
41	Total tax and penalty. Add lines 29 and 40				41	4,578.	00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (see	ee in	structions)				
	Enter purchases subject to state tax 91 \$ State tax 92 \$ (p	ourcl	hases x 5.5%);				
	Enter purchases subject to local tax 93 \$ Local tax 94 \$ (purchases	ases	x local rate of	%)			
	95 Local code (see local rate schedule);						
	Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line	42.			42	0.	00
43	Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from	om tl	he total of lines 4	1			
	and 42. Pay this amount in full. For electronic or credit card payment, check here	and	l see instructions .		43		00
44	Overpayment. If line 39 is more than total of lines 41 and 42, subtract total of lines	41 a	and 42 from line 39	9	44	183.	00
45	Amount of line 44 you want applied to your 2022 estimated tax	45		00			
	'4, J	46		00			
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your re						
	issued by July 15, if your paper return is filed by April 15 (see instructions)				47	183.	00
48	a Routing Number 0 8 1 0 0 0 2 1 0 48b Type of Accour	nt	1 = Checkin	ng 2	2 = Sa	vings	
						Direct	
48	c Account Number 1 5 2 3 2 0 3 3 5 0 4 4					Deposi	t
48	d 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		act of my knowledge on	d bolio	f it in tr	up parrent and come	Noto
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			OY677@GMAIL.	COM			
	Pate Signature Date Email Add	dress					
eep a	Spouse's Signature (if filing jointly, both must sign) Daytime Phone						
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ron	arer's SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2022 P0208	3270	03				
-	Preparer's Signature Date Preparer's					(70 005 0	\F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
43	GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041 Print Firm's Name (or yours if self-employed), Address and Zip Code GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041 EIN	Τ/]		0/00 =		678 965-9 Daytime Phone	522
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