

Nebraska Individual Income Tax Return
for the taxable year January 1, 2021 through December 31, 2021 or other taxable year:
, 2021 through ,

Please Type or Print

Your First Name and Initial AASHISH	Last Name THOTA	Please Do Not Write In This Space
If a Joint Return, Spouse's First Name and Initial	Last Name	
Current Mailing Address (Number and Street or PO Box) 4704 TOWNE SQUARE DR, Apt. 2532		
City PLANO	State TX	Zip Code 75024
Your Social Security Number 6 5 1 1 9 5 4 2 1	Spouse's Social Security Number	High School District Code

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

(1) Farmer/Rancher (2) Active Military (1) Deceased Taxpayer(s)
(first name & date of death): _____

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 **2b** Check here if someone (such as your parent) can claim you or
 SPOUSE was: (3) 65 or older (4) Blind your spouse as a dependent: (1) You (2) Spouse

3 Type of Return:
 (1) Resident (2) Partial-year resident from _____, 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):
a Yourself. If someone can claim you as a dependent, leave blank. **4 a** 1
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 Social Security Number
First Name	Last Name	

Total number of dependents listed **4 c** _____

Total Nebraska personal exemptions – add lines 4a, 4b, and 4c	4	1
5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank	5	84,691.00
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)	8	0.00
9 Nebraska itemized deductions (line 7 minus line 8)	9	0.00
10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9)	10	7,100.00
11 Nebraska income before adjustments (line 5 minus line 10)	11	77,591.00
12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I)	12	00
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	14	77,591.00
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. All others must use Tax Calculation Schedule.)	15	2,038.00
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 \$ _____ c Total (add lines 16a and 16b) 16 c \$ _____ 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, Nebraska Schedule III	16	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.	17	2,038.00

18	Nebr. personal exemption credit for residents only (\$142 times the number on line 4)	18	0.	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	0.	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	0.	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 page 9 in the instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return	29	2,038.	00
30	Total Nebraska income tax withheld (attach 2021 Forms, see instructions) a W-2 \$ 2,183. b K-1N \$ _____ c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ 0.	30	2,183.	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
35	Nebraska earned income credit. Enter number of qualifying children 97 <input type="checkbox"/> Federal credit 98 \$ _____ .00 x .10 (10%) (attach pages 1-2 of federal return)	35		00
36	Nebraska Property Tax Incentive Act Credit (attach Form PTC)	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	2,183.	00
40	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 <input type="checkbox"/>	40		00
41	Total tax and penalty. Add lines 29 and 40	41	2,038.	00
42	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 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 the total of lines 41 and 42. Pay this amount in full. For electronic or credit card payment, check here <input type="checkbox"/> and see instructions	43		00
44	Overpayment. If line 39 is more than total of lines 41 and 42, subtract total of lines 41 and 42 from line 39	44	145.	00
45	Amount of line 44 you want applied to your 2022 estimated tax	45		00
46	Wildlife Conservation Fund donation of \$1 or more	46		00
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions)	47	145.	00

48a Routing Number 48b Type of Account 1 = Checking 2 = Savings

48c Account Number

48d 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 true, correct, and complete.

sign here
 Your Signature _____ Date 816 663-4026
 Spouse's Signature (if filing jointly, both must sign) _____ Daytime Phone _____

THOTAAASHISH10@GMAIL.COM
 Email Address _____

paid preparer's use only
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022
 Preparer's Signature _____ Date _____
 GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041
 Print Firm's Name (or yours if self-employed), Address and Zip Code

P02082703
 Preparer's PTIN _____
 30-1017196
 EIN _____ CG REV 02/05/22 PRO
 678 965-9522
 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.

Name on Form 1040N
AASHISH THOTA

Social Security Number
6 5 1 1 9 5 4 2 1

Nebraska Schedule I —
Nebraska Adjustments to Income for Nebraska Residents, Partial-Year Residents, and Nonresidents
• Attach additional pages if necessary.

Part A—Adjustments Increasing Federal AGI

1 Interest income from all state and local obligations exempt from federal tax a List type: _____ b Amount: \$ _____ Total interest income exempt from federal tax. Enter total of lines 1b	1	00
2 Exempt interest income from Nebraska obligations a List type: _____ b Amount: \$ _____ Total exempt interest income from Nebraska obligations. Enter total of lines 2b	2	00
3 Total taxable interest income. Enter the result of line 1 minus line 2	3	00
4 Financial Institution Tax Credit claimed. Enter amount from line 24, Form 1040N	4	00
5 Nebraska College Savings Program recapture (see instructions).....	5	00
6 Nebraska Enable plan recapture	6	00
7 Federal net operating loss deduction	7	00
8 S corporation or LLC Non-Nebraska loss.....	8	00
9 Total adjustments increasing federal AGI (total lines 3 through 8). Enter here and on line 12, Form 1040N	9	00

Part B—Adjustments Decreasing Federal AGI

10 State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR	10	00
11 U.S. government obligations exempt for state purposes (list below or attach schedule) a List type: _____ b Amount: \$ _____ Total U.S. government obligations exempt for state purposes. Enter total of lines 11b.....	11	00
12 List fund name, total dividend, and percent of regulated investment company dividends from a U.S. obligation: _____ b Total dividend: \$ _____ x c _____ % = d \$ _____ Total regulated investment company dividends. Enter total of lines 12d	12	00
13 Total U.S. government obligations. Enter total of lines 11 and 12.....	13	00
14 Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Must attach pages 1 and 2 of your federal income tax return and all Forms 1099 and W-2 from the RRB. a List type: _____ b Amount: \$ _____ Total benefits paid by the RRB included in federal AGI. Enter total of lines 14b.....	14	00
15 Special capital gains/extraordinary dividend deduction [attach Form 4797N; a copy of Federal Schedule D; and Form 8949 (or Federal Schedule B when claiming extraordinary dividend deduction)] (see instructions)...	15	00
16 Nebraska College Savings Program contribution (see instructions)	16	00
17 Employer contribution to the Nebraska Educational Savings Plan (see instructions).....	17	00
18 Nebraska Enable plan contributions. List the account number and annual contribution amount for each account you contributed to during this tax year (list below or attach schedule) a Account Number: _____ b Amount: \$ _____ Total Nebraska Enable plan contributions	18	00
19 S corporation and LLC Non-Nebraska income (attach Nebraska Schedules K-1N, see instructions)	19	00
20 Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as attributable to another state, see instructions).....	20	00
21 Income earned by a Native American Indian in Indian country	21	00
22 Claim of right repayment	22	00
23 Nebraska NOL carryforward (attach a copy of the Nebraska NOL Worksheet for each loss year claimed on this line).....	23	00
24 Nebraska agricultural revenue bond interest.....	24	00
25 Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds.....	25	00
26 Interest from federally taxable Build America Bonds issued by Nebraska governmental units.....	26	00
27 Social Security included in Federal AGI (see instructions) Must attach pages 1 and 2 of your federal income tax return	27	00
28 Military retirement. Form 1040N-MIL must be on file with DOR (see instructions).....	28	00
29 Dividends received or deemed to be received from corporations not subject to the IRC	29	00
30 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions)	30	00
31 Total adjustments decreasing federal AGI (total lines 10 and 13 through 30). Enter here and on line 13, Form 1040N.....	31	00

Nebraska Schedule II — Credit for Tax Paid to Another State

Name on Form 1040N

AASHISH THOTA

Social Security Number

6 5 1 1 9 5 4 2 1

Nebraska Schedule II —

Credit for Tax Paid to Another State for FULL-YEAR RESIDENTS ONLY

- Complete a separate Schedule II for each state.
- A complete copy of the return filed with another state must be attached. If the entire return is not attached, credit for tax paid to another state will not be allowed. Name of state:

1 Total Nebraska tax (line 17, Form 1040N)	1		00
2 Adjusted gross income derived from another state (do not enter amount of taxable income from the other state – use <u>Conversion Chart</u> on the DOR's website)	2		00
3 Ratio Line 2 (Form 1040N, Line 5 + Line 12 – Line 13) = <input type="text"/> + <input type="text"/> – <input type="text"/> = <input type="text"/>	3	<input type="text"/>	<input type="text"/>
4 Calculated tax credit. Line 1 multiplied by line 3 ratio	4		00
5 Tax due and paid to another state (do not enter amount withheld for the other state – use <u>Conversion Chart</u> on the DOR's website)	5		00
6 Allowable tax credit (line 1, 4, or 5, whichever is least). Enter amount here and on line 19, Form 1040N.....	6		00

Name on Form 1040N

AASHISH THOTA

Social Security Number

6 5 1 1 9 5 4 2 1

Nebraska Schedule III —

Computation of Nebraska Tax for PARTIAL-YEAR RESIDENTS AND NONRESIDENTS ONLY

- You must complete lines 1 through 14, Form 1040N. If you have state, local, or federal bond interest or other adjustments, complete Parts A and B of Nebraska Schedule I. Use Schedule III to calculate your Nebraska tax liability.
- You do not have to provide a copy of other state returns when filing Schedule III.

1	Income derived from Nebraska sources. Include income from wages, interest, dividends, business, farming, Nebraska unemployment payments, severance payments connected to Nebraska employment, partnerships, S corporations, limited liability companies, estates and trusts, gain or loss, rents, royalties, and financial institution tax credit amount. If there is no Nebraska income or loss, enter -0-.			
	a List type: <u>Wages</u> b Amount: \$ <u>40,698.</u>			
	List type: <u>Rents and royalties</u> Amount: <u>0.</u>			
	Total income derived from Nebraska sources. Enter total of lines 1b.....	1	40,698.	00
2	Adjustments as applied to Nebraska income, if any (see instructions)			
	a List type: _____ b Amount: \$ _____			
	List type: _____ Amount: _____			
	Total adjustment as applied to Nebraska income. Enter total of lines 2b.....	2		00
3	Nebraska adjusted gross income (line 1 minus line 2).....	3	40,698.	00
4	Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to five):.....			
	Line 3 <u>40,698.</u> = <u>40,698.</u>			
	(Form 1040N, Line 5 + Line 12 – Line 13) = <u>84,691.</u> + _____ – _____ = <u>84,691.</u>	4	0.	4 8 0 5 5
5	Nebraska Taxable Income (line 14, Form 1040N)	5	77,591.	00
6	Nebraska tax calculation (see instructions)			
	a Tax on Nebraska Taxable Income from line 5..... 6 a \$ <u>4,383.</u>			
	b Partial-year residents, enter Nebraska nonrefundable credit for the elderly or disabled... 6 b \$ _____			
	c Partial-year residents, enter Nebraska child/dependent care nonrefundable credit 6 c \$ _____			
	d Subtotal credits (add lines 6b and 6c) 6 d \$ _____			
	Line 6a minus line 6d	6	4,383.	00
7	Multiply Nebraska personal exemption credit of \$142 by the number of Nebraska personal exemptions on line 4, Form 1040N	7	142.	00
8	Tax after Nebraska personal exemption credit (line 6 minus line 7). If less than \$0, enter -0- here, and if you have any other tax due, apply any unused Nebraska personal exemption credit against that tax on line 10e ...	8	4,241.	00
9	Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here and on line 15, Form 1040N	9	2,038.	00
10	Nebraska other tax calculation:			
	a Federal Tax on Lump Sum Distributions (Form 4972)..... 10 a \$ _____			
	b Federal tax on early distributions (lesser of Form 5329 or line 8, Schedule 2, Federal Form 1040 or 1040-SR)..... 10 b \$ _____			
	c Subtotal (add lines 10a and 10b)..... 10 c \$ _____			
	d Tax calculation. Multiply line 10c by 29.6% (x .296)..... 10 d \$ _____			
	e Enter any unused Nebraska personal exemption credit from the calculation on line 8 10 e \$ _____			
	f Subtract line 10e from line 10d..... 10 f \$ _____			
	Multiply line 10f by line 4 ratio. Enter result here and on line 16, Form 1040N.	10		00
11	Earned income credit (Partial-Year Residents Only)			
	a Number of qualifying children. Enter here and on line 35, box 97, Form 1040N..... 11 a _____			
	b Enter federal earned income credit from federal tax return here and on line 35, box 98, Form 1040N 11 b \$ _____			
	Multiply line 11b amount by 10% (x .10). Enter the result here (see instructions).	11		00
12	Nebraska earned income credit. Multiply line 11 by the ratio you computed on line 4 (Must attach a copy of federal tax return pages 1 and 2 to your return). Enter result here and on line 35, Form 1040N	12		00