Good Life. Great Service.

DEPARTMENT OF REVENUE

Nebraska Individual Income Tax Return for the taxable year January 1, 2022 through December 31, 2022 or other taxable year:

FORM 1040N

, 2022 through

2022

	Your First Name and Initial	Last Name		Please	Do Not Write In Th	is Spac	e		
Ħ	LIKHITHA	DUGGIRALA							
r P	If a Joint Return, Spouse's First Name and Initial	Last Name							
be o									
e Ty	Current Mailing Address (Number and Street or PO E	Box)							
Pleas	1201 LINCOLN MALL, Apt. 302								
_	City	State	Zip Code						
	LINCOLN	NE	68508						
		se's Social Security Number			High School D	T	1 1	1	
_	7 3 1 4 9 5 8 2 5			5	6 5 6	0	5 5		
	During 2022, did you receive, sell, exchange,	, gift, or otherwise dispo	ose of a digital asset	or a fina	ancial interest in a d	digital a	asset?	s XN	10
(-	Farmer/Rancher (2) Active Military	(1) December	d Taxpayer(s)				/	/	
(1) Farmer/Rancher (2) Active Military		e & date of death):						
_	1 Fodoral Filing Status:		· · · · · · · · · · · · · · · · · · ·				/		
	1 Federal Filing Status: (1) X Single (3) Marrie	ed, filing separately-s	oueo'e SSN:		(4) He	ad of F	Household		
	(2) Married, filing jointly and Full		Douse's OON.) with depend	lent child	dren
-	2a Check if YOU were: (1) 65 or		2b Check he	ere if so	meone (such as y		· · ·		
	SPOUSE was: (3) 65 or				a dependent: (1)			•	
_	3 Type of Return:	()	, , , , , , ,				(/ []		
	• •	l-year resident from	03/03	, 2022 t	0 12/31	, 2	2022 (attach \$	Schedul	e III)
	()	esident (attach Schedu		,		,	(333333		,
_	4 Nebraska personal exemptions. (Enter	· · · · · · · · · · · · · · · · · · ·							
	a Yourself. If someone can claim you	as a dependent, leave	blank				4 a1_		
	b Spouse. Married filing jointly returns	•							
	C Dependents, if more than three	s, see instructions	Dependent's	s					
	First Name	Last Name	Social Security N	umber					
					Total number of				
					dependents liste	d	4 c		
	Total Nebraska personal exemptions –							4	1_
_	5 Federal adjusted gross income (AGI) (I				eave blank		5 59	,702.	00
	6 Nebraska standard deduction (if you ch	,		·					
	see instructions; otherwise, enter \$7,350	0 , . ,	, , ,						
	qualified widow[er]; \$7,350 if married, filing			· —	7,350.	00			
	7 Total itemized deductions (line 17, Fede		,		0	00			
	8 State and local income taxes (line 5a, S			· -	0.	00			
	9 Nebraska itemized deductions (line 7 m0 Nebraska standard deduction or the Ne					00			
	(the larger of line 6 or line 9)			_		1	10 7	,350.	00
1	Nebraska income before adjustments (_		,352.	-
	2 Adjustments increasing federal AGI (lin					00	32	, 552.	_ 00_
	3 Adjustments decreasing federal AGI (liii					00			
	4 Nebraska Taxable Income (enter line 1				ter -0 Residents				
	complete lines 15 and 16. Partial-year					ng . 1	14 52	,352.	00
1	5 Nebraska income tax (Partial-year resid								
	from line 9, Nebraska Schedule III. Pap			e.					
	All others must use Tax Calculation Sc	hedule.)		15	2,115.	00			
1	6 Nebraska other tax calculation:								
	a Federal Tax on Lump-Sum Distribution	ns (Federal Form 4972)	16 a \$						
	b Federal tax on early distributions (les	sser of Federal							
	Form 5329 or line 8, Sch. 2, Federal F	Form 1040 or 1040-SR)	16 b \$						
	c Total (add lines 16a and 16b)								
	Residents multiply line 16c by 29.6%								
	Partial-year residents and nonreside								
	Nebraska Schedule III					00			
1	7 Total Nebraska tax before Nebraska pe	•							
	Do not pay the amount on this line. Pay	y the amount from line	43			1	17 2	,115.	00

18	Nebr. personal exemption credit for residents only (\$146 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			
	Community Development Assistance Act credit (attach Form CDN)	. 21		00			
	Form 3800N nonrefundable credit (attach Form 3800N)	. 22		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	0.	00			
	Credit for financial institution tax (attach Form NFC)	24	<u> </u>	00			
	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)			00			
		26		00	-		
20	Designated extremely blighted area tax credit (attach Form 1040N-EB)	20		1 00			
07	Tatal manufundable quadite (add lines 40 Abysouth 00)				0.7	0.	00
	Total nonrefundable credits (add lines 18 through 26)				27	0.	00
	Nebraska tax after nonrefundable credits. Subtract line 27 from line 17 (if line 27 is more than	_	_				
	result is greater than your federal tax liability, see instructions. If entering federal tax, check I					0 115	00
	attach a copy of the federal return			<u></u>	28	2,115.	00
	Total Nebraska income tax withheld (attach 2022 Forms, see instructions)						
	a W-2\$ 2,575. b K-1N \$		0 555				
	c W-2G, 1099-R,1099-MISC, 1099-NEC or others \$0.	. 29	2,575.	00			
	2022 estimated income tax payments (include any 2021 overpayment credited to 2022 and						
	any payments submitted with an extension request)	. 30		00			
31	Form 3800N refundable credit (attach Form 3800N)	. 31		00			
32	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less						
	(attach a copy of Form 2441N)	. 32		00			
33	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	. 33		00			
34	Nebraska earned income credit. Enter number of qualifying children 97						
	Federal credit 98 \$.00 x .10 (10%) (attach pages 1-2 of federal return)	34		00			
35	Credit for school district property taxes (attach Form PTC)	. 35		00			
36	Credit for community college property taxes (attach Form PTC)	. 36		00			
	Credit for qualified Volunteer Emergency Responders (see instructions)	. 37		00			
	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)	-		00	1		
	Total refundable credits (add lines 29 through 38)				39	2,575.	00
	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N						
	or used the annualized income method, attach Form 2210N, and check this box 96				40		00
	Total tax and penalty. Add lines 28 and 40				41	2,115.	00
	Use tax due on taxable purchases where applicable sales tax was not collected. (see instruct				71	2,113.	
72	Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 5.5						
	Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 0.5		o of %/)				
		ai iai	e 01 70)				
	95 Local code (see local rate schedule);				40	0.	00
	Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42				42	•	- 00
43	Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from total of				40		00
	Pay this amount in full. For electronic or credit card payment check here and see instruction				43	460.	00
	Overpayment. If line 39 is more than the total of lines 41 and 42, subtract the total of lines 41		1 42 from line 39		44	100.	00
	Amount of line 44 you want applied to your 2023 estimated tax	45		00			
	Wildlife Conservation Fund donation of \$1 or more	46		00			
	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will	_	•	-	4-7	460	00
482	July 15, if your paper return is filed by April 15 (see instructions) Routing Number 48b Type of Account		1 = Checkin		47	460.	00
704	1 1 1 9 0 0 6 5 9		1	9 4	0	Direct	
40-	A A N					Donesi	
48C	Account Number 6 6 2 8 9 4 6 6 9 8				1	Deposi	
48d							
	Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to	the b	est of my knowledge ar	nd belie	ef, it is	true, correct, and comp	olete.
_	gn	ITH.	ADUGGIRALA03	@GMZ	AIL	.COM	
h	Your Signature Date Email Ad						
	opy of (940) 594-8571						
nis retu our rec	'n for ords. Spouse's Signature (if filing jointly, both must sign) Daytime Phone						
	paid						
repa	SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature O4/16/2023 Date P0208						
use	only Preparers Signature Date Preparer GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 84-31					(678) 965-9	9522
	Print Firm's Name (or yours if self-employed), Address and Zip Code EIN		CG REV 02/	/18/23 P	RO	Daytime Phone	



Nebraska Schedule I — Nebraska Adjustments to Income

(Nebraska Schedule II reverse side.)

FORM 1040N Schedule I

Name on Form 1040N

LIKHITHA DUGGIRALA

• Attach this page to Form 1040N.

Social Security Number 7 3 1 4 9 5 8 2 5

Attach additional pages if necessary. **Part A—Adjustments loreasing Federal AGI** 1 interest income from all state and local obligations exempt from federal tax** a List type: Total interest income exempt from federal tax. Ener total of lines 1b	Nebraska Schedule I — Nebraska Adjustments to Income for Nebraska Residents, Partial-Year Residents,	and Non	residents
Interest income from all state and local obligations exempt from federal tax a List type:			
1 Interest income from all state and local obligations exempt from federal tax a List type. Total interest income exempt from federal tax. Enter total of lines 1b			
Total interest income exempt from Sedral Iax. Enter total of lines 1b	1 Interest income from all state and local obligations exempt from federal tax		
a List type: Total exempt interest income from Nebraska obligations. Enter total of lines 2b	a List type: b Amount: \$		
a List type: Total exempt interest income from Nebraska obligations. Enter total of lines 2b. 3 a 00 3 Total taxable interest income. Enter the result of line 1 minus line 2. 3 a 00 5 Nebraska Chollege Savings Program recapture (see instructions). 5 Nebraska Chollege Savings Program recapture (see instructions). 5 Nebraska Chable plan recapture (see instructions). 6 Nebraska Chable plan recapture (see instructions). 7 Federal net operating loss declution. 7 Federal net operating loss declution. 8 S corporation or LLC Non-Nebraska loss. 9 Total adjustments increasing federal AGI (total lines 3 through 8). Enter here and on line 12, Form 1040N 9 00 8 S corporation or LLC Non-Nebraska loss. 9 Total adjustments increasing federal AGI (total lines 3 through 8). Enter here and on line 12, Form 1040N 9 00 8 S corporation or LLC Non-Nebraska loss. 9 Total U.S. government obligations exempt for state ourroses (list below or attach schedule) a List type: 10 List type: 10 List type: 10 List type: 11 List type: 11 List type: 11 List type: 12 List type: 13 Total I U.S. government obligations exempt for state purposes. Enter total of lines 11 b 11 List type: 12 List type: 13 List type: 14 List type: 15 Total I equilated investment company dividends. Enter total of lines 11 b 11 List type: 15 List type: 16 List type: 17 List all equilated investment company dividends. Enter total of lines 11 b 18 List type: 19 List type: 10 List type: 10 List type: 10 List type: 11 List type: 12 List type: 13 List type: 14 List type: 15 List type: 16 List type: 17 List List type: 18 List type: 19 List List type: 19 List List type: 19 List List type: 19 List List type: 10 List List type: 10 List List type: 11 List List type: 11 List List type: 12 List List List type: 13 List List List List List List List List	Total interest income exempt from federal tax. Enter total of lines 1b	1	00
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3 00 4 Financial Institution Tax Credit claimed. Enter amount from line 24, Form 1040N		2	00
4 Financial Institution Tax Credit claimed. Enter amount from line 24, Form 1040N			
5 Nebraska College Savings Program recapture (see instructions) 5 00 6 Nebraska Enable plan recapture 6 00 7 Federal not operating loss deduction 7 00 8 Corporation or LLC Non-Nebraska loss 8 00 9 Total adjustments increasing lederal 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. Enter total of lines 11 and 11 state purposes. Enter total of lines 11 and 11 state purposes. Enter total of lines 11 and 12. 11 00 12 List fund name, total dividend, and percent of regulated investment company dividends from a U.S. obligation: 12			
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7 00 8 S corporation or LLC Non-Nebraska loss			
8 S corporation or LLC Non-Nebraska loss. 9 Total adjustments increasing federal AGI (total lines 3 through 8). Enter here and on line 12, Form 1040N. 9 Total adjustments increasing federal AGI (total lines 3 through 8). Enter here and on line 12, Form 1040N. 9 Total State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR. 10 State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR. 11 U.S. government obligations exemnt for state ournoses flist below or attach schedule) a List type: 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 regulated investment company dividends. Enter total of lines 12d. 13 Total U.S. government obligations. Enter total of lines 12d. 14 Benefits paid by the Ralizon Retirement Board (RRB) included in the federal AGI. Attach pages 1 and 2 of your federal income tax return and all Forms 1099 and W-2 from the RRB. a List type: Total benefits paid by the FRBI included in federal AGI. Enter total of lines 14b. 15 Special capital gains/extraordinary dividend deduction (statech Form 479TN), a copy of Federal Schedule D; and Form 8994 (or Federal Schedule B when claiming extraordinary dividend deduction)) (see instructions). 15 Nebraska College Savings Program contribution (see instructions). 16 Nebraska College Savings Program contribution (see instructions). 17 Doo 18 Nebraska Enable plan contributions. List the account number and annual contribution amount for each account you contributed to during this tax vear (list below or attach schedule) A Account Number: Enter total Nebraska Enable plan contributions. Enter total Nebraska Enable plan contributions. 18 O DO 20 Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as attributable to another state, see instructions). 22 Claim of right repayment. 23 Nebraska			
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Total regulated investment company dividends. Enter total of lines 12d			
13 de Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Attach pages 1 and 2 of your federal income tax return and all Forms 1999 and W-2 from the RRB. a List type: Total benefits paid by the RRB included in federal AGI. Enter total of lines 14b. 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). 16 Nebraska College Savings Program contribution (see instructions). 17 Employer contribution to the Nebraska Educational Savings Plan (see instructions). 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: Enter total Nebraska Enable plan contributions. 19 S corp and LLC Non-Nebraska income (attach Federal schedules K-1 and Nebraska Schedules K-1N, 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 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) Attach pages 1 and 2 of your federal Income tax return. 27 00 28 Milliary retirement benefits (Attach supporting documentation, see instructions). 30 00 29 Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation). 30 00 31 Cancer benefits received from the Fi		40	
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24 Nebraska agricultural revenue bond interest240025 Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds250026 Interest from federally taxable Build America Bonds issued by Nebraska governmental units260027 Social Security included in Federal AGI (see instructions) Attach pages 1 and 2 of your federal income tax return270028 Military retirement benefits (Attach supporting documentation, see instructions)280029 Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation)290030 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions)300031 Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions)310032 Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions)3200			
25 Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds			00
26 Interest from federally taxable Build America Bonds issued by Nebraska governmental units260027 Social Security included in Federal AGI (see instructions) Attach pages 1 and 2 of your federal income tax return270028 Military retirement benefits (Attach supporting documentation, see instructions)280029 Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation)290030 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions)300031 Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions)310032 Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions)3200			00
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28 Military retirement benefits (Attach supporting documentation, see instructions)			
29 Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation)290030 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions)300031 Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions)310032 Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions)3200			
30 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions)300031 Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions)310032 Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions)3200			
31 Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions)			
32 Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions)			
	33 Total adjustments decreasing federal AGI (total lines 10 and 13 through 32). Enter here and on line 13, Form 1040N	33	00

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Nebraska Schedule II — Credit for Tax Paid to Another State

FORM 1040N Schedule II 2022

Name on Form 1040N Social Security Number

7 3 1 | 4 9 | 5 8 2 5 LIKHITHA DUGGIRALA

Nebraska Schedule II — Credit for Tax Paid to Another State for FULL-YEAR RESIDENTS ONI 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 twill not be allowed. Name of state:		paid to another stat	te
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 == = _	3		
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



Nebraska Schedule III — Computation of Nebraska Tax

FORM 1040N Schedule III 2022

Name on Form 1040N

Social Security Number

LIKHITHA DUGGIRALA

7 3 1 | 4 9 | 5 8 2 5

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,	Т			
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: Wages b Amount: \$ 50,859.	1			
List type: See Income Derived from Nebraska Sources Amount: 0.				
Total income derived from Nebraska sources. Enter total of lines 1b	1	50,859.	00	
2 Adjustments as applied to Nebraska income, if any (see instructions)	⊢.	30,037.	- 00	
a List type: b Amount: \$				
List type: Amount:				
Total adjustment as applied to Nebraska income. Enter total of lines 2b	2		00	
Total adjustifient as applied to Nebraska income. Enter total or lines 20	-		00	
3 Nebraska adjusted gross income (line 1 minus line 2)	3	50,859.	00	
4 Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to five):	H	30,035.	00	
Line 3 50,859.				
(Form 1040N, Line 5 + Line 12 – Line 13) = 59,702. + 59,702.	4	0 8 5 1 8	8	
(1 offil 104014, Elife 3 + Elife 12 - Elife 13)	-			
5 Nebraska Taxable Income (line 14, Form 1040N)	5	52,352.	00	
6 Nebraska tax calculation (see instructions)	-	52,552.	00	
a Tax on Nebraska Taxable Income from line 5				
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)				
,		2 (20	00	
Line 6a minus line 6d	6	2,629.	00	
7 Multiply Nebraska personal exemption credit of \$146 by the number of Nebraska personal exemptions on	_	146	00	
line 4, Form 1040N	7	146.	00	
8 Tax after Nebraska personal exemption credit (line 6 minus line 7). If less than \$0, enter -0- here, and if you		2 402		
have any other tax due, apply any unused Nebraska personal exemption credit against that tax on line 10e	8	2,483.	00	
9 Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here and on		0 115		
line 15, Form 1040N	9	2,115.	00	
10 Nebraska other tax calculation:				
a Federal Tax on Lump Sum Distributions (Form 4972)				
b Federal tax on early distributions (lesser of Form 5329 or line 8, Schedule 2,				
Federal Form 1040 or 1040-SR)				
c Subtotal (add lines 10a and 10b)				
d Tax calculation. Multiply line 10c by 29.6% (x .296)				
e Enter any unused Nebraska personal exemption credit from the calculation on line 8 10 e \$				
f Subtract line 10e from line 10d				
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 34, box 97, Form 1040N11 a				
b Enter federal earned income credit from federal tax return here and on				
line 34, box 98, Form 1040N				
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 (Attach a copy of				
federal tax return pages 1 and 2 to your return). Enter result here and on line 34, Form 1040N	12		00	

LIKHITHA DUGGIRALA 731 49 5825 1

Additional Information From 2022 Nebraska Tax Return

Form 1040N: Schedules I, II, and III Income Derived from Nebraska Sources

Continuation Statement

List Type	Amount
Capital gain or loss	0.
Rents and royalties	0.
Total	0.