Good Life. Great Service.

DEPARTMENT OF REVENUE

Nebraska Individual Income Tax Return for the taxable year January 1, 2023 through December 31, 2023 or other taxable year: , 2023 through

FORM 1040N

2023

	Your First Name and Initial	Last Name				Please Do Not Write In This Space						
Ħ	MOUNIKA	YERRAMSETTY										
Print	If a Joint Return, Spouse's First Name and Initial	Last Name										
oe or												
e Ty	Current Mailing Address (Number and Street or PO Box)											
Please Type	7338 S 184TH ST											
Δ.	City	State		ZIP Code								
	OMAHA	NE	681	36								
	Your Social Security Number Spous	se's Social Security Number				High	School D	istrict	Code			
	6 5 6 9 0 0 7				2	8	2 8	0	0	1		
	Ouring 2023, did you receive, sell, exchange,	gift, or otherwise dispos	e of a	digital asset of	or a fina	ancial inte	erest in a c	ligital	asset?	Yes X	No	
										/ /		
(1) Farmer/Rancher (2) Active Military	(1) Deceased	Taxpaye	er(s)						/		
		(first name	& date of	of death):						/ /		
_	1 Federal Filing Status:									,		
		ed, filing separately-Sp	ouse's S	sn: 885-5	9-503	32	(4) He	ead of	Hous	ehold		
	(2) Married, filing jointly and Full Name KARTHIK TUMU (5) Qualifying surviving spouse (C							QSS)				
-	2a Check if YOU were: (1) ☐ 65 or (2b Check he	re if so	meone (can claim you		
	SPOUSE was: (3) 65 or 6	` '		your spot		,			,	(2) Spouse		
_	3 Type of Return:	(/		,						(/ 🔲 -		
	· ·	I-year resident from		/	2023 t	0	/		2023	(attach Sched	ule III)	
	· / —	sident (attach Schedul	e III)	,			,	,		(4.1.4.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.	,	
_	4 Nebraska personal exemptions. (Enter			t annlies).								
	a Yourself. If someone can claim you								4 a	1		
	b Spouse. Married filing jointly returns											
				-		Jeni leav	e Dialik		.40			
	Dependents, if more than three.	, see instructions Last Name	1	Dependent's al Security Nu								
	First Name	Last Name	30018	a Security No	allibei							
						Total n	umber of					
							dents liste	ام	4.0			
	Total Nebraska personal exemptions –	add lines 4s, 4b, and 4	lo.			depend	Jenis liste	u	.40	4	1	
	5 Federal adjusted gross income (AGI) (I				· · · · · ·		 nk		5	111,191	1 00	
-	6 Nebraska standard deduction (if you ch					eave biai	III	· · · ·	3	111,191	• 00	
	see instructions; otherwise, enter \$7,900	•										
	qualifying surviving spouse; \$7,900 if marr				01							
	household)	ieu, iiii ig separately, or t	\$11,00C	J II Head Of	6		7,900.	00				
	7 Total itemized deductions (line 17, Fede	oral Cabadula A	inotruo	tiono\	_		7,900.					
	8 State and local income taxes (line 5a, S						<u> </u>	00	-			
									-			
-	9 Nebraska itemized deductions (line 7 m						0.	00			_	
١	Nebraska standard deduction or the Ne (the larger of line Continue 0)								10	7 000		
4	(the larger of line 6 or line 9)								10	7,900	_	
	1 Nebraska income before adjustments (11	103,291	. 00	
	2 Adjustments increasing federal AGI (lin							00				
	3 Adjustments decreasing federal AGI (lin					h 0 D) ! -! ! -	00				
- 1	4 Nebraska Taxable Income (enter line 1	•	,									
	complete lines 15 and 16. Partial-year r				or. Scn.	III befor	e continu	ing .	14	103,291	. 00	
1	5 Nebraska income tax (Partial-year resid											
	from line 9, Nebraska Schedule III. Pap	•										
	All others must use Tax Calculation Scl	hedule.)			15		5,905.	00	-			
1	6 Nebraska other tax calculation:	(= , , = , , = , , = ,)										
	a Federal Tax on Lump-Sum Distribution		16 a \$	5								
	b Federal tax on early distributions (les											
	Form 5329 or line 8, Sch. 2, Federal F				-[
	c Total (add lines 16a and 16b)				-[]							
	Residents multiply line 16c by 29.6%											
	Partial-year residents and nonresider											
	Nebraska Schedule III							00				
1	7 Total Nebraska tax before Nebraska pe	·								_		
	Do not pay the amount on this line. Pay	the amount from line	44						17	5,905	. 00	

18	Nebr. personal exemption credit for residents only (\$157 times the number on line 4)	18	157.	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			
	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)			00			
	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)			00			
		26		00	1		
	NE employer tax credit for employing convicted felons. Enter certificate number from	20		00	-		
21	Form ETC-A	27		00			
20	Total nonrefundable credits (add lines 18 through 27)				28	1	00
					20	157.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than				00	5,748.	00
	result is greater than your federal tax liability, see instructions. If entering federal tax, check be	OX L			29	5,740.	00
30	Total Nebraska income tax withheld (attach 2023 Forms, see instructions)						
	a W-2 \$ 6,020. b K-1N \$		c 000	00			
	c W-2G,1099-R, 1099-MISC, 1099-NEC, etc \$0 d PTET credit from K-1N	30	6,020.		-		
31	2023 estimated income tax payments (include any 2022 overpayment credited to 2023 and						
	any payments submitted with an extension request)			00	-		
	,	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						
	Federal credit 98 \$00 x .10 (10%) (see instructions)	35		00			
36	Credit for school district property taxes (attach Form PTC)	36		00			
37	Credit for community college property taxes (attach Form PTC)	37		00			
38	Credit for qualified Volunteer Emergency Responders (see instructions)	38		00			
39	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)	39		00			
40	Total refundable credits (add lines 30 through 39)				40	6,020.	00
41	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N	pena	alty of -0- or greater,				
	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	5,748.	00
-10	Ose tax due on taxable purchases where applicable sales tax was not collected. (see instruction						
-10	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)						
70	Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 5.5%	%);	e of%)				
40		%);	e of %)				
40	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 95 Local code (see local rate schedule);	%); al rate			43	0.	00
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