

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number on Page 4 and Quick Reference (QR) Code, on Page 5.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2023 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

NRPY1223V011555



Form CT-1040NR/PY - 2023

Connecticut Nonresident and Part-Year Resident Income Tax Return (Rev. 12/23)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QSS
578 - 93 - 4077 - -

SAIVARDHAN REDD BANOOR N Dec. Y P
N Dec. N N

7255 MARQUIS LN N CT-8379 N CT-2210 N CT-19IT

USA N CT-1040 CRC N Federal Form 1310

IRVING TX 75063 -

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 for tax calculation.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



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• 578934077

19. Amount from Line 18

19. • 584

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	58 - 1760235	• 21765	• N	2114
20b.	-	• 0	•	0
20c.	-	• 0	•	0
20d.	-	• 0	•	0
20e.	-	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 2114

21. All 2023 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 2114

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 1530

25. Amount of Line 24 you want applied to your 2024 estimated tax 25. 0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 1530

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y Ck. N Sv. 27b. Rout. # 101000187 27c. Acct. # 145574863828

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number
•	•	6206051234
Spouse's signature (if joint return)	Date	Daytime telephone number
•	•	•
Paid preparer's signature	Date	Telephone number
• SYAM PRIYA RAM SAGAR GU	• 021224	• 6789659522
Paid preparer's name	Paid Preparer's PTIN	
SYAM PRIYA RAM SAGAR GUPTA TALL	P02082703	
Firm's name, address and ZIP code	FEIN	
GLOBAL TAXES LLC	843171965	
245 ROONEY CT	Self-employed	
E BRUNSWI NJ 08816 -	N	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

NRPY1223V021555

Sign Here
Keep a copy for your records.

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• 578934077

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2023 or an excess carried forward from a prior year Acct. #	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 100% of pension or annuity income.	50b.	0
50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes.	50c.	0
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

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Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Taxpayer email

NRPY1223V041555

Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources



Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial SAIVARDHAN REDDY	Last name BANOOR	Your Social Security Number 5 7 8 : 9 3 : 4 0 7 7
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	▶ 1.	21,765	
2. Taxable interest	▶ 2.		
3. Ordinary dividends	▶ 3.		
4. Alimony received	▶ 4.		
5. Business income or (loss)	▶ 5.		
6. Capital gain or (loss)	▶ 6.		
7. Other gains or (losses)	▶ 7.		
8. Taxable amount of IRA distributions	▶ 8.		
9. Taxable amounts of pension and annuities	▶ 9.		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	▶ 10.		
11. Farm income or (loss)	▶ 11.		
12. Unemployment compensation	▶ 12.		
13. Taxable amount of social security benefits	▶ 13.		
14. Other income: See instructions.	▶ 14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	▶ 15.	21,765	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses.....	▶ 16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	▶ 17.		
18. Health savings account deduction.....	▶ 18.		
19. Moving expenses for members of the armed forces	▶ 19.		
20. Deductible part of self-employment tax	▶ 20.		
21. Self-employed SEP, SIMPLE, and qualified plans	▶ 21.		
22. Self-employed health insurance deduction	▶ 22.		
23. Penalty on early withdrawal of savings	▶ 23.		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____	▶ 24.		
25. IRA deduction	▶ 25.		
26. Student loan interest deduction.....	▶ 26.		
27. Archer MSA deduction.....	▶ 27.		
28. Other adjustments	▶ 28.		
29. Total adjustments: Add Lines 16 through 28.	▶ 29.		
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6.	▶ 30.	21,765	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days: Add Line A and Line B.	C	
D. Nonworking days (Holidays, weekends, etc.).....	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E	
F. Total income being apportioned	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____	G	

Schedule CT-1040AW

Part-Year Resident Income Allocation



2023

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial SAIVARDHAN REDDY	Last name BANOOR	Your Social Security Number 5 7 8 : 9 3 : 4 0 7 7
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

Part 1 – Adjusted Gross Income	Federal Income as Modified <small>See instructions.</small>		Connecticut Resident Period		Connecticut Nonresident Period	
	Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>		
1. Wages, salaries, tips, etc.	34,750	21,765	12,985	0		
2. Taxable interest.....						
3. Ordinary dividends.....	0		0			
4. Alimony received						
5. Business income or (loss).....						
6. Capital gain or (loss).....						
7. Other gains or (losses)						
8. Taxable amount of IRA distributions	0		0			
9. Taxable amounts of pension and annuities.....						
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.						
11. Farm income or (loss).....						
12. Unemployment compensation						
13. Taxable amount of social security benefits	0		0			
14. Other income: See instructions.						
15. Add Lines 1 through 14.	34,750 00	21,765 00	12,985 00	0 00		

Part 2 – Adjustments to Income	Federal Income as Modified <small>See instructions.</small>		Connecticut Resident Period		Connecticut Nonresident Period	
Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>			
16. Educator expenses						
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....						
18. Health savings account deduction	0		0			
19. Moving expenses for members of the armed forces						
20. Deductible part of self-employment tax						
21. Self-employed SEP, SIMPLE, and qualified plans..						
22. Self-employed health insurance deduction						
23. Penalty on early withdrawal of savings.....						
24. Alimony paid						
25. IRA deduction						
26. Student loan interest deduction						
27. Archer MSA deduction						
28. Other adjustments						
29. Total adjustments: Add Lines 16 through 28.	0		0			
30. Subtract Line 29 from Line 15.	34,750 00	21,765 00	12,985 00	0 00		

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.
Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.

Part 3 – Part-Year Resident Information

Moved Into Connecticut

1. Date **you** moved into Connecticut ____ / ____ / ____ and state of **prior** residence: _____

2. Date **your spouse** moved into Connecticut ____ / ____ / ____ and state of **prior** residence: _____

Moved Out of Connecticut

1. Date **you** moved out of Connecticut 05 / 31 / 23 and state of **new** residence: NE _____

2. Date **your spouse** moved out of Connecticut ____ / ____ / ____ and state of **new** residence: _____

Income From Connecticut Sources During Nonresident Period

1. Did **you** receive income from Connecticut sources during your nonresident period? Yes No

2. Did **your spouse** receive income from Connecticut sources during his or her nonresident period? Yes No

Nebraska Individual Income Tax Payment Voucher

PLEASE PRINT OR TYPE	Your First Name and Initial SAIVARDHAN REDDY		Last Name BANOOR		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) 7255 MARQUIS LN						
	City IRVING		State TX	ZIP Code 75063	Your Social Security Number 5 7 8 9 3 4 0 7 7		
	Daytime Phone Number (620) 605-1234		Amount Remitted 199. 00		Spouse's Social Security Number		

Use our safe and secure Nebraska e-pay system to make and manage your Nebraska income tax payments. Please visit revenue.nebraska.gov for additional information about e-pay. If full payment is not made on or before April 15, 2024, the tax due is subject to penalty and interest.

Do not mail this voucher if you are paying electronically. If paying by check or money order, mail this voucher and payment to:
Nebraska Department of Revenue, PO Box 98903, Lincoln, NE 68509-8903.
revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

8-549-2023

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

Personal information section including name (SAIVARDHAN REDDY), last name (BANOOR), address (7255 MARQUIS LN, IRVING, TX 75063), and social security numbers.

High School District Code (7728001) and digital asset disposition section with Yes/No options.

Federal Filing Status section with options for Single, Married, Head of Household, and Qualifying surviving spouse.

Check for dependent status (2a) and check if someone can claim you (2b).

Type of Return section with options for Resident, Partial-year resident, and Nonresident.

Nebraska personal exemptions section (4) including a table for dependents with columns for First Name, Last Name, and Social Security Number.

Main tax calculation section (5-17) showing AGI (34,750.00), deductions (7,900.00), taxable income (26,850.00), and final tax amount (199.00).

Name on Form 1040N

SAIVARDHAN REDDY BANOOR

Social Security Number

5 7 8 | 9 3 | 4 0 7 7

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	Nebraska PTET deducted under section 164 of the IRC (from Schedules K-1N).....	9	00
10	Total adjustments increasing federal AGI (total lines 3 through 9). Enter here and on line 12, Form 1040N.....	10	00

Part B — Adjustments Decreasing Federal AGI

11	State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR.....	11	0 . 00
12	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 12b.....	12	00
13	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 13d.....	13	00
14	Total U.S. government obligations. Enter total of lines 12 and 13.....	14	00
15	Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Attach all Forms 1099 & W-2 from the RRB.		
	a List type: _____ b Amount: \$ _____		
	Total benefits paid by the RRB included in federal AGI. Enter total of lines 15b.....	15	00
16	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	00
17	Nebraska College Savings Program contribution (see instructions).....	17	00
18	Employer contribution to the Nebraska Educational Savings Plan (see instructions).....	18	00
19	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: \$ _____		
	Enter total Nebraska Enable plan contributions.....	19	00
20	S corp and LLC Non-Nebraska income (attach Federal schedules K-1 and Nebraska Schedules K-1N).....	20	00
21	Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as attributable to another state, see instructions).....	21	00
22	Income earned by a Native American Indian in Indian country.....	22	00
23	Claim of right repayment.....	23	00
24	Nebraska NOL carryforward (attach the Nebraska NOL Worksheet for each loss year claimed on this line).....	24	00
25	Nebraska agricultural revenue bond interest.....	25	00
26	Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds.....	26	00
27	Interest from federally taxable Build America Bonds issued by Nebraska governmental units.....	27	00
28	Social Security included in Federal AGI (see instructions).....	28	00
29	Military retirement benefits (Attach supporting documentation, see instructions).....	29	00
30	Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation) ...	30	00
31	Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions).....	31	00
32	Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions).....	32	00
33	Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions).....	33	00
34	Health insurance premiums paid by retired law enforcement officers and professional firefighters (Attach supporting documentations, see instructions).....	34	00
35	Interest from federally taxable bonds issued under the Nebraska Highway Bond Act.....	35	00
36	Total adjustments decreasing federal AGI (total lines 11 and 14 through 35). Enter here and on line 13, Form 1040N.....	36	0 . 00

Name on Form 1040N

SAIVARDHAN REDDY BANOOR

Social Security Number

5 7 8 | 9 3 | 4 0 7 7

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.

<p>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-.</p> <p>a List type: <u>Wages</u> b Amount: \$ <u>8,485.</u> List type: _____ Amount: _____ Total income derived from Nebraska sources. Enter total of lines 1b.....</p>		1	<u>8,485.</u>	<u>00</u>
<p>2 Adjustments as applied to Nebraska income, if any (see instructions)</p> <p>a List type: _____ b Amount: \$ _____ List type: _____ Amount: _____ Total adjustment as applied to Nebraska income. Enter total of lines 2b.....</p>		2		<u>00</u>
<p>3 Nebraska adjusted gross income (line 1 minus line 2).....</p>		3	<u>8,485.</u>	<u>00</u>
<p>4 Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to five):</p> <p>Line 3 <u>8,485.</u> = <u>8,485.</u> (Form 1040N, Line 5 + Line 12 – Line 13) = <u>34,750.</u> + _____ – <u>0.</u> = <u>34,750.</u></p>		4	<u>0.</u>	<u>2 4 4 1 7</u>
<p>5 Nebraska Taxable Income (line 14, Form 1040N).....</p>		5	<u>26,850.</u>	<u>00</u>
<p>6 Nebraska tax calculation (see instructions)</p> <p>a Tax on Nebraska Taxable Income from line 5..... 6 a \$ <u>974.</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.....</p>		6	<u>974.</u>	<u>00</u>
<p>7 Multiply Nebraska personal exemption credit of \$157 by the number of Nebraska personal exemptions on line 4, Form 1040N.....</p>		7	<u>157.</u>	<u>00</u>
<p>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 ...</p>		8	<u>817.</u>	<u>00</u>
<p>9 Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here and on line 15, Form 1040N.....</p>		9	<u>199.</u>	<u>00</u>
<p>10 Nebraska other tax calculation:</p> <p>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.....</p>		10		<u>00</u>
<p>11 Earned income credit (Partial-Year Residents Only)</p> <p>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 on line 35, box 98, Form 1040N..... 11 b \$ _____ Multiply line 11b amount by 10% (x .10). Enter the result here (see instructions).....</p>		11		<u>00</u>
<p>12 Nebraska earned income credit. Multiply line 11 by the ratio you computed on line 4. Enter result here and on line 35, Form 1040N.....</p>		12		<u>00</u>