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	SAI LAKSHMI ROHAN	PENDYALA								
Print	If a Joint Return, Spouse's First Name and Initial	Last Name								
e or										
Please Type	Current Mailing Address (Number and Street or PO B									
ease	119 N 72ND ST, Apt. 304									
ď	City	State	ZIP (Code						
	OMAHA	NE	68114							
	Your Social Security Number Spous	se's Social Security Number			Hi	gh School D	istrict	Code		
	0 1 6 7 1 4 6 7 0				2 8	2 8	0	0	1	
	During 2023, did you receive, sell, exchange,	gift, or otherwise dispos	se of a digital a	sset o	r a financial i	nterest in a c	digital a	asset?	Yes X	No
_	, , , , , ,								/ /	
(1) Farmer/Rancher (2) Active Military (1) Deceased Taxpayer(s)								//	
	(first name & date of death):								/ /	
_	1 Federal Filing Status:								/ /	
(1) X Single (3) Married, filing separately—Spouse's SSN: (4) Head of Household										
	(2) Married, filing jointly and Full Name (5) Qualifying survive (2) Blind (2b) Check here if someone (such as your parent) care.									OSS)
_										
	SPOUSE was: (3) ☐ 65 or 6	` ' -			se as a depe	•		,	(2) Spouse	
-	3 Type of Return:	older (+) Dillia	your	эроц	30 d3 d dept	macrit. (1)		<i>-</i>	(Z) Opous	
	3 ·	L-vear resident from	/		2023 to	/		2023	(attach Schod)	ılo III)
(1) ☑ Resident (2) ☐ Partial-year resident from / , 2023 to / , 2023 (attach Schedula III)										ile III)
_		·								
	4 Nebraska personal exemptions. (Enter			,				4 -	1	
	a Yourself. If someone can claim you as a dependent, leave blank									
			your spouse	as a c	dependent le	ave blank.		.4 b		
	Dependents, if more than three		Depend							
	First Name	Last Name	Social Secur	rity Nu	imber					
						number of				
					depe	endents liste	ed	.4 c		
	Total Nebraska personal exemptions – add lines 4a, 4b, and 4c							4	1	
_	5 Federal adjusted gross income (AGI) (I				o not leave b	lank		5	29,423	. 00
	6 Nebraska standard deduction (if you ch	•								
	see instructions; otherwise, enter \$7,900	0 , ,	, ,	,	or					
		qualifying surviving spouse; \$7,900 if married, filing separately; or \$11,600 if head of								
	household)				6	7,900.	00			
	7 Total itemized deductions (line 17, Fede						00			
	8 State and local income taxes (line 5a, S						00			
_	9 Nebraska itemized deductions (line 7 m					0.	00			
1	0 Nebraska standard deduction or the Ne	ebraska itemized dedu	ctions, whiche	ever is	greater					
	(the larger of line 6 or line 9)							10	7,900	. 00
	1 Nebraska income before adjustments (11	21,523	. 00
1	2 Adjustments increasing federal AGI (lin	e 10, from attached Ne	ebraska Sche	dule I)) 12		00			
1	3 Adjustments decreasing federal AGI (lin	ne 36, from attached N	lebraska Sche	edule 1	I) 13		00			
1	4 Nebraska Taxable Income (enter line 1	1 plus line 12 minus lir	ne 13). If less	than -	0-, enter -0	Residents				
	complete lines 15 and 16. Partial-year i	residents and nonresid	dents complete	e Nebi	r. Sch. III bei	fore continu	ing .	14	21,523	. 00
1	5 Nebraska income tax (Partial-year resid	dents and nonresidents	s enter the res	sult						
	from line 9, Nebraska Schedule III. Pap	er filers may use the N	Nebraska Tax	Table).					
	All others must use Tax Calculation Scl	hedule.)			15	717.	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	ser of Federal								
	Form 5329 or line 8, Sch. 2, Federal F		16 b \$_							
	c Total (add lines 16a and 16b)									
	Residents multiply line 16c by 29.6%			16.						
	Partial-year residents and nonresider									
	Nebraska Schedule III				. 16		00			
1	7 Total Nebraska tax before Nebraska pe									
	Do not pay the amount on this line. Pay							17	717	. 00

18	Nebr. personal exemption credit for residents only (\$157 times the number on line 4)	18	157.	00			
	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)			00			
	Community Development Assistance Act credit (attach Form CDN)			00	1		
	Form 3800N nonrefundable credit (attach Form 3800N)			00	1		
	Nebraska child/dependent care nonrefundable credit, only if line 5 is more			-00	1		
20		22		00			
0.4	than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	_		00	-		
	Credit for financial institution tax (attach Form NFC)			00	-		
	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)			00	-		
	Designated extremely blighted area tax credit (attach Form 1040N-EB)	26		00	-		
27	NE employer tax credit for employing convicted felons. Enter certificate number from			00			
	Form ETC-A						
	Total nonrefundable credits (add lines 18 through 27)				28	157.	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 instructions. If entering federal tax, check be	ох 🗆]		29	560.	00
30	Total Nebraska income tax withheld (attach 2023 Forms, see instructions)						
	a W-2 \$ 1,127. b K-1N \$						
	c W-2G,1099-R, 1099-MISC, 1099-NEC, etc \$0 d PTET credit from K-1N	30	1,127.	00			
31	2023 estimated income tax payments (include any 2022 overpayment credited to 2023 and						
٠.	any payments submitted with an extension request)	31		00			
22	Promm 3800N refundable credit (attach Form 3800N)			00			
	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less	32		-00	1		
33		20		00			
	(attach a copy of Form 2441N)				-		
	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00	-		
35	Nebraska earned income credit. Enter number of qualifying children 97			00			
	Federal credit 98 \$00 x .10 (10%) (see instructions)			00	-		
	Gredit for school district property taxes (attach Form PTC)			00	-		
	Credit for community college property taxes (attach Form PTC)			00			
38	Credit for qualified Volunteer Emergency Responders (see instructions)	38		00	1		
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	1,127.	00
41	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N	l 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	560.	00
	Use tax due on taxable purchases where applicable sales tax was not collected. (see instruct						
	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 loc		e of %)				
	95 Local code (see local rate schedule);		73)				
	Add state and local taxes and enter on line 43. If no use tax is due, enter -0- on line 43				43	0.	00
11	Total amount due. If line 40 is less than total of lines 42 and 43, subtract line 40 from total of				40		
	Pay this amount in full. For electronic or credit card payment check box here and see instru				44		00
45	Overpayment. If line 40 is more than the total of lines 42 and 43, subtract the total of lines 42					567.	00
			43 Irom line 40	00	45	307.	00
	Amount of line 45 you want applied to your 2024 estimated tax	46		00	-		
	Wildlife Conservation Fund donation of \$1 or more	47		00			
48	Amount of line 45 you want refunded to you (line 45 minus lines 46 and 47) Your refund wi	_				5.65	00
	July 15, if your paper return is filed by April 15 (see instructions)				48	567.	00
49	9a Routing Number 1 0 3 0 0 0 6 4 9 49b Type of Accoun	t	1 = Checking)	2 = S	Savings	
	1 0 3 0 0 0 6 4 8					Direct	
49	9c Account Number 5 2 6 8 9 2 7 2 7					Deposi	
40	9d Check this box if this refund will go to a bank account outside the United States.					_	
_		o the b	pest of my knowledge an	d belie	ef it is	true correct and com	olete
3	BIUII		NDYALA99@GMA				
ŀ	1ere Your Signature Date Email A						
	a copy of eturn for (850) 861-0520						
	records. Spouse's Signature (if filing jointly, both must sign) Daytime Phone						
	paid SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/12/2024 P020						
_	parer's Preparer's Signature Date Prepare GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 84-3	r's PT 1 7 1	IN 965			(678) 965-9	3522
us	se only GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NO 08816 84-3	エ/エ	J U J				7244
	Print Firm's Name (or yours if self-employed), Address and ZIP Code					Daytime Phone	