

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

Please Type or Print	Your First Name and Initial LIYANA ARACHCHILAGE		Last Name DE SILVA		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) 3517 APPLE STREET										
	City LINCOLN		State NE								ZIP Code 68503

Your Social Security Number 8 7 2 5 1 7 2 8 9			Spouse's Social Security Number			High School District Code					
						5 5 5 5 0 0 1					

During 2023, did you receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? Yes No

(1) <input type="checkbox"/> Farmer/Rancher		(2) <input type="checkbox"/> Active Military		(1) <input type="checkbox"/> 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) Qualifying surviving spouse (QSS)

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

3 Type of Return:
 (1) Resident (2) Partial-year resident from _____ / _____, 2023 to _____ / _____, 2023 (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
First Name	Last Name	Social Security Number

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** 10,503.00

6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,900 if single; \$15,800 if married, filing jointly 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, 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** 7,900.00

11 Nebraska income before adjustments (line 5 minus line 10). **11** 2,603.00

12 Adjustments increasing federal AGI (line 10, from attached Nebraska Schedule I) **12** 00

13 Adjustments decreasing federal AGI (line 36, 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** 2,603.00

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** 64.00

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 44. **17** 64.00

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
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	0.	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	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 Form ETC-A	27		00
28	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 box <input type="checkbox"/>	29	0.	00
30	Total Nebraska income tax withheld (attach 2023 Forms, see instructions) a W-2 \$ 282. b K-1N \$ c W-2G, 1099-R, 1099-MISC, 1099-NEC, etc \$ 0. d PTET credit from K-1N	30	282.	00
31	2023 estimated income tax payments (include any 2022 overpayment credited to 2023 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 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	282.	00
41	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"/>	41		00
42	Total tax and penalty. Add lines 29 and 41	42	0.	00
43	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 43. If no use tax is due, enter -0- on line 43.	43	0.	00
44	Total amount due. If line 40 is less than total of lines 42 and 43, subtract line 40 from total of lines 42 and 43 Pay this amount in full. For electronic or credit card payment check box here <input type="checkbox"/> and see instructions	44		00
45	Overpayment. If line 40 is more than the total of lines 42 and 43, subtract the total of lines 42 and 43 from line 40.	45	282.	00
46	Amount of line 45 you want applied to your 2024 estimated tax	46		00
47	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 will generally be issued by July 15, if your paper return is filed by April 15 (see instructions).	48	282.	00

49a Routing Number 49b Type of Account 1 = Checking 2 = Savings

49c Account Number

49d 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 (402) 417-6622
 Spouse's Signature (if filing jointly, both must sign) _____ Daytime Phone _____
 Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA 03/30/2024 P02082703
 GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 Preparer's PTIN (678) 965-9522
 Print Firm's Name (or yours if self-employed), Address and ZIP Code EIN Daytime Phone

A copy of the federal return and schedules must be attached to this return.
 E-file your return. NebFile offers FREE e-filing of your state return for most Nebraska residents.
 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.

Keep a copy of this return for your records.
paid preparer's use only