## NEBRASKA | Good Life. Great Service.

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

**FORM 1040N** 

	DEPARTMENT OF REVENUE	, 2023 through					,					UZ3			
,	Your First Name and Init	al Last Name					Please Do Not Write In This Space								
=	VAMSI KRISHN	SADI	SADINENI												
	If a Joint Return, Spous	Last Na	Last Name												
o e															
- y	Current Mailing Address	urrent Mailing Address (Number and Street or PO Box)													
ease	2622 N 110TH	622 N 110TH CT, Apt. 110													
	City		State			ZIP Code									
	OMAHA		NE		681	64									
	Your Social Security Number Spouse's Social Security Number						High School District Code								
	0 3 8 4 5	2 7 3 3					2	8	2	8	0	0	1		
D	uring 2023, did you	receive, sell, exchang	e, gift, or	otherwise dispose	e of a	digital asset of	or a fina	ancial i	nterest i	in a d	igital	asset?	Yes	χN	0
(1	Farmer/Rancher (2) Active Military (1) Deceased Taxpayer(s)							/	/						
		(first name & date of death):										/	/		
	1 Federal Filing St	tatus:													
	(1) X Single		ried, filing	separately-Spo	ouse's S	SSN:			(4)	He	ad of	Hous	ehold		
	(2) Married, f	iling jointly and F	- ull Name						(5)	Qu	alifyir	ng surv	viving sp	ouse (C	(SS)
2	a Check if YOU we	ere: (1) 65 c	r older	(2) Blind	1	<b>2b</b> Check he	re if so	meon	e (such	as y	our p	arent)	can claii	m you c	or
	SPOUSE was:	(3) <u>65</u> 65 c	r older	(4) Blind		your spou	use as	a depe	endent:	(1)	You	٠.	(2) 🗌 S	Spouse	
-	3 Type of Return:														
	(1) X Resident	(2) Part	ial-year r	esident from		/ ,	2023 t	0.	/		,	2023	(attach S	Schedul	le III)
		(3) Non	resident	(attach Schedule	(III e										
	4 Nebraska perso	nal exemptions. (Ente	er 1 in ea	ch line of 4a or 4	4b tha	t applies):									
	a Yourself. If so	omeone can claim yo	u as a de	pendent, leave l	blank							.4 a	1		
	<b>b Spouse.</b> Marr	ried filing jointly returi	ns, if som	eone can claim	your s	spouse as a	depend	dent le	ave bla	nk		.4b_			
	C Depend	dents, if more than thre	ee, see in:	structions		Dependent's	•								
	First Name			Last Name	Socia	al Security Nu	umber								
								Tota	l numbe	er of					
								depe	endents	liste	d	.4 c			
	Total Nebraska	personal exemptions	<ul><li>add lin</li></ul>	es 4a, 4b, and 4	С									4	1_
	5 Federal adjusted	d gross income (AGI)	(line 11,	Federal Form 10	040 or	1040-SR) D	o not le	eave b	lank			5	4	,792.	00
(	6 Nebraska standa	ard deduction (if you	checked	any boxes on lir	ne 2a (	or 2b above,									
	see instructions;	otherwise, enter \$7,9	000 if sing	le; \$15,800 if ma	arried,	filing jointly	or								
	qualifying survivin	ng spouse; \$7,900 if ma	arried, filin	g separately; or \$	611,600	0 if head of									
	,						6		7,9	00.	00				
7	7 Total itemized de	eductions (line 17, Fe	deral Sch	nedule A – see i	nstruc	ctions)	7				00				
8	8 State and local in	ncome taxes (line 5a,	Schedul	e A, Federal For	m 104	40 or 1040-S	R) 8			0.	00				
		ed deductions (line 7								0.	00				
10		ard deduction or the I													
		e 6 or line 9)										10		,900.	_
		e before adjustments										11	-3	,108.	00
		reasing federal AGI (									00				
	-	creasing federal AGI									00				
14		ole Income (enter line													
	•	5 and 16. Partial-yea					or. Sch.	III be	fore cor	ntinui	ng .	14		0.	00
1		e tax (Partial-year re													
		raska Schedule III. P	-	-											
		use Tax Calculation S	Schedule.	.)			15			0.	00				
16	6 Nebraska other														
		n Lump-Sum Distributi			16 a \$	\$	_								
		n early distributions (I													
		line 8, Sch. 2, Federal													
		es 16a and 16b)					_								
		Itiply line 16c by 29.6													
		sidents and nonresid													
		edule III									00				
17		tax before Nebraska		•										_	
		mount on this line. P	ay the ar	nount from line 4	44							17		0.	
	CG REV 01/18/24 PR	U								Com	ıpıet	e Kev	erse Si	i <b>ae</b> 8-	417-2023

18	Nebr. personal exemption credit for residents only (\$157 times the number on line 4)	8 157.	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)	9	00							
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)		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	-	- 00							
	than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	0.	00							
24	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	ne 17, enter -0-). If the								
	result is greater than your federal tax liability, see instructions. If entering federal tax, check box			29	0.	00				
30	Total Nebraska income tax withheld (attach 2023 Forms, see instructions)									
	a W-2\$ b K-1N \$									
	<b>c</b> W-2G,1099-R, 1099-MISC, 1099-NEC, etc \$0 d PTET credit from K-1N3	72.	00							
31	2023 estimated income tax payments (include any 2022 overpayment credited to 2023 and									
	any payments submitted with an extension request)	1	00							
32	Prorm 3800N refundable credit (attach Form 3800N)		00							
	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less									
33			00							
0.4	(attach a copy of Form 2441N)		00							
	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 <b>98</b> \$00 x .10 (10%) (see instructions)		00							
	Credit for school district property taxes (attach Form PTC)		00							
	Credit for community college property taxes (attach Form PTC)		00							
	Credit for qualified Volunteer Emergency Responders (see instructions)		00							
39	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions) $\dots$ 3	9	00							
40	Total refundable credits (add lines 30 through 39)			40	72.	00				
41	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N pe	enalty 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	0.	00				
43	Use tax due on taxable purchases where applicable sales tax was not collected. (see instruction	is)								
	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 r									
	95 Local code (see local rate schedule);	/5/								
	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 lines 42 and 43, subtract line 40 from total of lines 42 and 43, subtract line 40 from total of lines 42 and 43, subtract line 40 from total of lines 42 and 43, subtract line 40 from total of lines 42 and 43, subtract line 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 42 and 43, subtract lines 40 from total of lines 40 from tota			70						
44				4.4		00				
45	Pay this amount in full. For electronic or credit card payment check box here and see instruction of the control of the contro			44	72.	00				
				45	72.	00				
	Amount of line 45 you want applied to your 2024 estimated tax		00							
	Wildlife Conservation Fund donation of \$1 or more		00							
48	Amount of line 45 you want <b>refunded</b> to you (line 45 minus lines 46 and 47) <b>Your refund will g</b>	•				00				
	July 15, if your paper return is filed by April 15 (see instructions)			48	72.	00				
49	9a Routing Number 0 8 1 0 0 0 0 3 2 49b Type of Account	1 = Checking	) /	$2 = S_i$	avings					
	0 8 1 0 0 0 0 3 2			1	<b>Direct</b>					
49	9c Account Number 3 5 5 0 1 3 5 0 7 7 5 3				<b>Deposi</b>					
40					_					
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.										
3	SIUII TOTAL TERMINATE AND									
here Your Signature Date Date VAMSI.SADINENI91@GMAIL.COM Email Address										
	a copy of									
	records. Spouse's Signature (if filing jointly, <b>both</b> must sign) Daytime Phone									
	paid SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/14/2024 P02082	2703								
	parer's Preparer's Signature Date Preparer's GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 84-317	PTIN			(670) 065 0	) E O O				
us	JC 01117		(678) 965-9522 Daytime Phone							
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.  CG REV 01/18/24 PRO										