

BASIC TAXPAYER INFORMATION

	First Name & Initial	Last Name	Social Security No.	Date of Birth
Taxpayer				
Spouse				

CURRENT ADDRESS:

Street Address:		Home Phone:	
City, State & Zip:		Work Phone:	
E-mail address:		Cell Phone:	

Filing Status 1-Single 2-Married filing joint 3-Married filing separate 4-Head of Household 5-Surviving spouse

DEPENDENTS FOR 2025:

Name (first, initial, last)	Date of Birth	Social Sec. No.	Relationship

BANK INFORMATION FOR DIRECT DEPOSIT OR AUTOMATIC WITHDRAWAL:

Bank Name:		Routing No:	
Account No:		Acct Type:	Checking _____ Savings _____

Direct Deposit: Yes _____ No _____ Automatic Withdrawal: Yes _____ No _____

INCOME

**** ATTACH ALL W-2, 1099, K-1 AND OTHER INCOME FORMS ****

W-2 WAGES INCOME: *Attach W-2 Forms*

TAXPAYER: Employer	Gross Wages Box 1	SPOUSE: Employer	Gross Wages Box 1

DIVIDEND INCOME: *Attach 1099-Div Forms*

INTEREST INCOME: *Attach 1099-Int Forms*

Source	Ordinary Dividend	Qualifying Dividend	Capital Gain Amount	Source	Amount

PENSION / IRA INCOME: *Attach 1099-R Forms*

TAXPAYER: Payer	Gross Distribution	SPOUSE: Payer	Gross Distribution

GAINS OR LOSSES FROM SALES OF STOCKS, SECURITIES AND OTHER CAPITAL ASSETS:

Description of security or assets	Date acquired	Date Sold	Sales Price	Cost or other basis

OTHER INCOME: *Attach SSA and other income forms*

Source	Amount	Source	Amount
Unemployment compensation		Alimony received	
Social Security benefits-Taxpayer		Date of Divorce (mm/YY) _____	
Social Security benefits-Spouse			

ADJUSTMENTS TO INCOME

	Amount		Amount
IRA PAYMENTS		Educator expense - limit \$300	
Traditional – Taxpayer		Interest penalty on early withdrawal	
Traditional – Spouse		Student loan interest paid	
Roth – Taxpayer		Alimony Paid Date of Divorce (mm/YY) _____	
Roth – Spouse			
		HEALTH SAVINGS ACCOUNTS:	
NEBRASKA College Savings Plan Contributions		Annual contribution to HSA other than through W-2	
		Total distributions from HSA	

ITEMIZED DEDUCTIONS

	Amount		Amount
Medical & dental expenses:		Gifts to charity by cash or check ^{*(1)}	
Doctors, dentists, hospitals		Gifts to charity other than by cash or check ^{*(1) (2)}	
Medical insurance premium paid (Other than through pre-tax plan)		Mileage driven to/from charitable activities for volunteer work @ 14¢	
Long-term care insurance			
Prescriptions		Investment interest paid	
Medical mileage: 21¢			
Transportation & lodging			
		Casualty & theft loss from federally declared disaster(attach details)	
Real Estate taxes on personal residence			
Motor Vehicle taxes			
Home mortgage interest and points			

^{*(1)} Contributions of \$250 or more must be substantiated by written acknowledgment received from the charitable organization by the earlier of your filing date or April 15, 2026.

^{*(2)} Attach listing for amounts over \$500, charity letters of sales proceeds and appraisals for amounts over \$5,000.

TAXES & OTHER CREDITS

CHILD OR DEPENDENT CARE EXPENSES:

Provider's Name	Address	Social Sec No	Amount Paid

POST-SECONDARY EDUCATION EXPENSE: Attach 1098-T Forms

Student Name	School Attended	Tuition & fees paid in 2025	Course materials purchased 2025

ESTIMATED INCOME TAXES PAID:

	Due Date	FEDERAL		STATE	
		Date paid	Amount	Date Paid	Amount
2024 4 th quarter	Jan 15, 2025				
2025 1 st quarter	April 15, 2025				
2025 2 nd quarter	June 15, 2025				
2025 3 rd quarter	September 15, 2025				
2025 4 th quarter	January 15, 2026				

NEBRASKA USE TAX

Amount of internet, catalog or out-of-state purchases subject to **Nebraska Use Tax** \$ _____

HEALTH CARE INFORMATION--AFFORDABLE CARE ACT (Attach any 1095-A, B or C forms received)

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? (If yes, please provide Form 1095-A you received.) YES _____ NO _____