



# Amended Nebraska Corporation Income Tax Return

for Tax Years After 2013

FORM  
**1120XN**

Taxable year beginning , and ending ,

Name Doing Business As (dba)

PLEASE DO NOT WRITE IN THIS SPACE

Legal Name

Street or Other Mailing Address

City State Zip Code Federal ID Number Nebraska ID Number

24 -

Name and Address Used on Original Return (if same as above, write "same")

<b>A</b> Is an amended federal return being filed? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach a complete copy of Federal Form 1120X.	<b>B</b> Has the original federal return been changed or corrected by the IRS? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, identify office:	<b>C</b> Has a Federal Form 872 or 872-A been filed for the year you are amending? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach a copy of the Form 872 or 872-A.	<b>D</b> Has the corporation been advised that the Form 1120N is being or will be audited? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**Corporation Filing Status.** Answer questions E through H, as applicable.

<b>E</b> Does this corporation own at least 50% of another corporation; or is it owned at least 50% by another corporation? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, attach Federal Form 851 or a schedule of affiliated corporations and federal ID numbers. Answer questions F, G, and H.	<b>F</b> Is one single Nebraska return being filed for the entire group? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>G</b> Are you filing as a unitary group in any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>H</b> Check the method used to determine Nebraska income (check only one): <input type="checkbox"/> Combined report of a controlled group of corporations <input type="checkbox"/> Separate report by a member of a controlled group of corporations (attach supporting documentation) <input type="checkbox"/> Alternate method (attach Department of Revenue approval)
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Computation of Tax	(A) As Originally Reported or As Adjusted	(B) Net Change (Explain on Reverse Side)	(C) Correct Amount
1 Federal gross sales or receipts less returns and allowances	1		1
2 Federal taxable income (FTI)	2		2
3 Adjustments increasing FTI	3		3
4 Adjustments decreasing FTI	4		4
5 Adjusted FTI (enter line 2 plus line 3 minus line 4)	5		5
6 Nebraska taxable income before Nebraska carryovers	6		6
7 Nebraska capital loss carryover (attach worksheet)	7		7
8 Nebraska taxable income after Nebraska capital loss carryover (line 6 minus line 7)	8		8
9 Nebr. net operating loss carryover (see instr. - attach worksheet)	9		9
10 Net Nebraska taxable income (line 8 minus line 9)	10		10
11 Nebraska tax.	11		11
12 Premium tax credit	12		12
13 Community Development Assistance Act credit	13		13
14 Form 3800N nonrefundable credit (attach Form 3800N)	14		14
15 Total nonrefundable credits (total of lines 12 through 14)	15		15
16 Nebraska tax after nonrefundable credits. Subtract line 15 from line 11 (if less than zero, enter -0-)	16		16
17 Form 3800N refundable credit (attach Form 3800N)	17		17
18 Beginning Farmer credit	18		18
19 Nebraska income tax withheld	19		19
20 Tax deposited with Form 7004N	20		20
21 Estimated income tax payments (minus any Form 4466N adjustments)	21		21
22 Tax paid with original return, plus additional payments made after it was filed.	22		22
23 Total payments (add lines 17 through 22).	23		23
24 Overpayment allowed on original return, plus additional overpayments allowed after it was filed	24		24
25 Line 23 minus line 24	25		25
26 Nebraska income tax due (line 16 minus line 25)	26		26
27 Penalty for underpayment of estimated income tax (see instructions)	27		27
28 Total tax and penalty for underpayment of estimated income tax (total of lines 26 and 27)	28		28
29 Penalty (see instructions)	29		29
30 Interest due	30		30
31 Balance Due (total of lines 28 through 30) <input type="checkbox"/> Check this box if payment is being made electronically	31		31
32 Refund (line 25 minus line 16). Complete the direct deposit information on the reverse side to receive your refund electronically	32		32

Mail this return and remit payment (electronically, if required) to:  
**Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818.**  
revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

**Complete Reverse Side**



Nebraska Schedule I — Apportionment for Multistate Business  
Nebraska Schedule II — Explanation of Changes

FORM 1120XN  
Schedules  
I and II

Name on Form 1120XN

Nebraska ID Number  
24—

Nebraska Schedule I—Apportionment for Multistate Business

		Nebraska Amount As Reported or Adjusted	Nebraska Correct Amount
1 Adjusted FTI (line 5, Form 1120XN).		1	
2 Nebraska apportionment factor (line 5 below).		2	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> %
3 Taxable income apportioned to Nebraska (line 1 multiplied by line 2) Enter here and on line 6, Form 1120XN		3	

Sales or Gross Receipts – Factor	(A) Total	(B) Nebraska Amount As Reported or Adjusted	(C) Nebraska Net Change (explain below)	(D) Nebraska Correct Amount
4 Sales or gross receipts	4			
5 Nebraska apportionment factor. Divide line 4, column (D), by line 4, column (A), and round to six decimal places. Enter as a percent here and on line 2 of Schedule I above				5 <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> %

Allocable, Nonapportionable Income or Loss	Net Allocable, Nonapportionable Income or Loss As Reported or Adjusted	Change in Net Allocable, Nonapportionable Income or Loss (explain below)	Net Allocable, Nonapportionable Income or Loss As Amended
6 Allocable, nonapportionable income (attach affidavit – see instr.)	6		
7 Allocable, nonapportionable loss (attach affidavit – see instr.)	7		

Nebraska Schedule II—Explanation of Changes

- Reference net change (Column C) and line number.
- Attach additional sheets or schedules if necessary.

• Complete the information below to have your refund directly deposited into your bank account.

Routing Number

(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32; use an actual check or savings account number, not a deposit slip)

Type of Account

Checking

Savings

Account Number

(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes blank.)

☐ Check this box if this refund will go to a bank account outside the United States (see instructions).



sign  
here

Signature of Officer

Date

Email Address

Title

( )  
Phone Number

paid  
preparer's  
use only

Preparer's Signature

Date

Preparer's PTIN

Firm's Name (or yours if self-employed), Address, and Zip Code

EIN ( )  
Daytime Phone

For Nebraska Department of Revenue Use Only

Previous Penalty:	Previous Interest	Other
Previous Underpayment		
Other		