



**NEBRASKA INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**
for Tax Year Beginning January 1 and Ending December 31, 2005
• Read instructions on reverse side

**FORM 8453N
2005**

PLEASE DO NOT WRITE IN THIS SPACE

IRS Declaration Control Number (DCN)

00 - 381371 - [] [] [] [] [] [] 6

Please Type or Print

First Name(s) and Initial(s) _____ Last Name _____

Home Address (Number and Street or Rural Route and Box Number) _____

City, Town, or Post Office _____ State _____ Zip Code _____ Social Security Number _____ Spouse's Social Security Number _____

PART I – TAX RETURN INFORMATION (Whole Dollars Only)

1 Refund (line 40, Form 1040N; or line 16, Form 1040NS)	1	
2 Amount you owe (line 34, Form 1040N or line 11, Form 1040NS)	2	

If I have filed a balance due return, I understand that if for any reason my electronic funds withdrawal is canceled, whether due to my request to cancel or errors on my return, that my payment is still due on or before April 15, 2006, and I remain liable for my tax liability and all applicable interest and penalties.

PART II – DIRECT DEPOSIT OF REFUND OR ELECTRONIC FUNDS WITHDRAWAL FOR BALANCE DUE

3 Type of Transaction

I agree to have my income tax refund directly deposited into the designated account by the Nebraska Department of Revenue and its designated financial institution as specified in my Nebraska individual income tax return. If I have filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund.

I authorize the Nebraska Department of Revenue and its designated financial institution to initiate an automatic withdrawal to my account as specified in my Nebraska individual income tax return. I understand that to cancel this automatic withdrawal, I must notify a department representative no later than two (2) business days prior to the Debit Date I have specified. I also authorize the financial institutions involved in the processing of my payment to receive confidential information necessary to answer inquiries and resolve problems where possible.

4 Debit Date _____ 5 Debit Amount \$ _____ 6 Name of Financial Institution and, if Applicable, Branch Name _____

7 Routing Transit Number (RTN) _____ The first two numbers of the RTN must be 01 through 12 or 21 through 32.

8 Depositor Account Number (DAN) _____ 9 Type of Account Savings Checking

I declare, under penalties of perjury, that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Nebraska individual income tax return. If I have filed federal and state returns and there is an error on my state return, I understand my federal return may be rejected. I understand that my return may be changed if rejected by the state. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to having my return, including this declaration and accompanying schedules and statements, sent to the Internal Revenue Service.

Attach State Copy of W-2(s) Here

TAXPAYER SIGNATURE

sign here Taxpayer's Signature _____ Date _____ Telephone Number _____

Spouse's Signature (If filing jointly, both must sign) _____

IF YOU ARE ALSO THE ELECTRONIC RETURN ORIGINATOR (ERO) AND ARE PREPARING YOUR OWN RETURN, CHECK THIS BLOCK AND MAIL THE ORIGINAL OF THIS FORM TO THE NEBRASKA DEPARTMENT OF REVENUE AND KEEP A COPY FOR YOUR RECORDS.

PART III – DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return, and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form and provided the taxpayer with a copy of this form and all forms and information to be filed with the Nebraska Department of Revenue. I have followed all other requirements described in Federal Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns, and any requirements specified by the Nebraska Department of Revenue. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

ERO

ERO SIGNATURE

sign here Electronic Return Originator's Signature _____ Date _____ Telephone Number (800) 875-FILE

Express File, Inc. _____

Firm's Name (or yours if self-employed) _____

On Sat, 7 Jan 2006 09:08:37 -0800 (PST) _____

Address _____ City _____ State _____ Zip Code _____

Check if also Paid Preparer

Check if Self-Employed _____ 38 2957030

Electronic Filer Identification Number (EFIN) _____

PAID PREPARER

PAID PREPARER SIGNATURE

sign here Paid Preparer's Signature _____ Date _____ Telephone Number _____

Firm's Name (or yours if self-employed) _____

Check if Self-Employed _____

Address _____ City _____ State _____ Zip Code _____

ATTENTION ERO'S: DO NOT MAIL THIS FORM TO THE NEBRASKA DEPARTMENT OF REVENUE.

Be sure to attach state copies of all documents substantiating withholding and retain for 3 years after the due date.
Visit our Web site: www.revenue.state.ne.us, or call 1-800-742-7474 (toll free in NE and IA) or 1-402-471-5729.

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