



NEBRASKA SCHEDULE I—Income Statement

- Attach this schedule to Nebraska Homestead Exemption Application or Certification of Status, Form 458
• Read instructions carefully

FORM 458

Applicant's Name as Shown on Form 458

Applicant's Social Security Number

This Income Statement is filed for (select one only, fill in oval completely, example: ()):

- Applicant Applicant & Spouse Spouse Other Owner/Occupant

Spouse's or Other Owner/Occupant's Name

Spouse's or Owner/Occupant's Soc. Sec. No.

NOTE: Do not include other owner/occupant's income on the income statement of the applicant/spouse listed above. Each other owner/occupant's income must be reported on a separate Nebraska Schedule I—Income Statement.

IF MARRIED DURING 2008, YOU MUST REPORT INCOME FOR BOTH YOU AND YOUR SPOUSE.

PART I—For Applicants Who DID NOT FILE a 2008 Federal Income Tax Return

- Complete Worksheet A on reverse side of white copy
• If you filed a 2008 federal income tax return, complete only Part II

Household Income: January 1 through December 31, 2008

Table with 9 rows for household income items (Wages, Social security, Tier I, Pensions, IRA, Tax exempt, Taxable interest, Other income) and a total line. Includes sub-rows for taxable amounts.

MEDICAL AND DENTAL EXPENSES – Caution: Do not include expenses reimbursed by insurance or paid by others

Table with 3 rows for medical and dental expenses (10a, 10b, 10c) and a total household income line (11).

PART II—For Applicants Who FILED a 2008 Federal Income Tax Return

- If you did not file a 2008 federal income tax return, please complete only Part I and Worksheet A.

Household Income: January 1 through December 31, 2008

Table with 6 rows for household income items (Federal AGI, Social security, Tier I, Nebraska adjustments, Income from obligations) and a total line (6).

MEDICAL AND DENTAL EXPENSES – CAUTION: Do not include expenses reimbursed by insurance or paid by others

Table with 3 rows for medical and dental expenses (7a, 7b, 7c) and a total household income line (8).

Under penalties of law, I declare that I have examined this schedule, and that it is, to the best of my knowledge and belief, correct and complete.

Signature lines for Applicant, Spouse, Date, and Daytime Phone.

FILE FORM 458 AND THIS SCHEDULE WITH YOUR COUNTY ASSESSOR AFTER FEBRUARY 1 AND ON OR BEFORE JUNE 30 RETAIN CANARY COPY FOR YOUR RECORDS

WORKSHEET A—Line 8, Part I; Other Income or Adjustments

A Net business (including rental) or farm income or (loss)	A	\$	
B Capital gains or (losses)	B		
C Other gains or (losses)	C		
D Unemployment compensation.	D		
E Any other income or (adjustments reducing income) (explain): _____	E		
F Penalty on early withdrawal of savings	F	<	>
G TOTAL of lines A through F (enter here and on line 8, Part I)	G		

PLEASE MAKE A COPY THIS WORKSHEET FOR YOUR RECORDS.