nebraska department of revenue

Nebraska Tax Application

FORM 20

PLEASE DO NOT WRITE IN THIS SPACE

RESET FORM

1 Do you hold, or have you previously held a Nebraska Identification Number? ☐ YES ☐ NO If Yes, give number:	2 Federal Employer Identification Number	3 County of Business Location	4 For Department Use Only

NAME AND LOCATION ADDRESS (Print Clearly)	NAME AND MAILING ADDRESS
Name Doing Business As (dba) 17a	Name 18a
Legal Name 17b	18b
Street Address (Do Not Use P.O. Box) 17c	Street or Other Mailing Address 18c
City 17d State 17e Zip Code 17f	City 18d State 18e Zip Code 18f
Is your Nebraska location within the city limits? (1) ☐ YES (2) ☐ NO 17g	5 Name and Address of Legal Entity/Owner Name (a) Street (b) City (c) State (d) Zip (e)

6 Identify Owner and Spouse (if joint ownership), Partners, Members, or Corporation Officers **(One of the listed individuals must sign as Applicant)**

Social Security Number	Name, Address, City, State, Zip Code	Title, If Corporate Officer
a1	Name (b1) Street (c1) City (d1) State (e1) Zip (f1)	g1
a2	Name (b2) Street (c2) City (d2) State (e2) Zip (f2)	g2
a3	Name (b2) Street (c3) City (d3) State (e3) Zip (f3)	g3
a4	Name (b2) Street (c4) City (d4) State (e4) Zip (f4)	g4

7 Type of Ownership

(1) ☐ Sole Proprietorship
(2) ☐ Partnership
(3) ☐ Nonprofit Corporation
(4) ☐ Domestic Corporation
(5) ☐ Foreign Corporation
(6) ☐ Domesticated Corporation
(7) ☐ Governmental
(8) ☐ Fiduciary (Estate or Trust)
(9) ☐ Nonprofit Organization
(10) ☐ Cooperative
(11) ☐ Limited Liability Company

8 Accounting Basis

(1) ☐ Cash
(2) ☐ Accrual
(3) ☐ Other _____

9 Accounting Period (Type of Year)

(1) ☐ Calendar–January 1 to December 31
(2) ☐ Fiscal–12 Month Ending _____
(3) ☐ Fiscal–52 or 53 Week Ending _____

10 Location of Records

a (1) ☐ Same as Location Address (2) ☐ Same as Mailing Address
(3) ☐ Other Address

b Address	c City	d State	e Zip Code

11 Reason for Filing Application. Check Appropriate Box(es). If Box 3 is checked, you must cancel your old Nebraska I.D. Number.

(1) ☐ Original Application
(2) ☐ Change in Partners
(3) ☐ Change Business Entity (Indicate Nebraska I.D. Number of Previous Entity): _____)

From:
☐ Proprietorship
☐ Partnership
☐ Limited Liability Company
☐ Corporation

To:
☐ Proprietorship
☐ Partnership
☐ Limited Liability Company
☐ Corporation

(4) ☐ Renewal-Cigarette Dealers Only
(5) ☐ Add Tax Program
(6) ☐ Other (Attach Explanation)

12 Provide a description of your business operations and products or services sold: _____
description of business (e)

Principal Product or service sold (f)

a. Business type: ☐ Retailer ☐ Lessor ☐ Wholesaler ☐ Manufacturer ☐ Contractor ☐ Farmer ☐ Other

b. If your business does not operate year round, identify the months you operate _____

c. How many business establishments do you operate? in Nebraska _____ in U.S.A. _____

d. If you purchased an existing business, identify the previous owner (Y/N) (d6)

(d1) Name	(d2) Address	(d3) City	(d4) Zip Code	(d5) Nebraska I.D. Number

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