

## Nebraska Withholding Certificate for Nonresident Individuals • Use Federal Forms 1099-MISC or 1042-S.

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PAYER'S NAME AND LOCATION ADDRESS  Name of Nebraska Payer		PAYEE'S NAME AND LOCATION Payee's First Name and Initial				Iame	
Name of Nebraska Fayer	iame						
Address (Number and Street, or Rural Rou	Address (Number and Street, or Rural Route and Box Number)						
City, Town, or Post Office	City, Town, or Post Office			State	Zip Co	ode	
,	State Zip Code	,					
Nebraska Identification Number		Social Security Number					
21—							
	•Lines 1 and 2, and 6 through 10	must be completed by	the PAYER.				
1 Dates services performed in	Nebraska				1		
2 Total navments for personal	services performed in Nebraska				2	 	 
	igh 5 and line 11 may be completed by					I ).	
	rdinary and necessary busines				,	<i>y</i> -	
to Nebraska income (see in		•	,				
,	Type of Expense		Amo	ount			
			Φ.				
	re						
	cial Security numbers, and am	•	•	rances			
	ees reasonably related to Nebras	1	· · · · · · · · · · · · · · · · · · ·				
Name	Address	Social Security No.	Amour	nt Paid			
			\$	l I			
				I			
		_					
	re		T				
expense deduction (total of	d payments for which you are cla lines 3 and 4)	ming an 5	\$	l I			
6 50% limitation on expense d	leduction ( <b>line 2 amount</b> multiplie	ed by .50) <b>6</b>		i			
7 Enter the amount from line 5	or line 6, whichever is less				7		
8 Payments subject to Nehras	ska withholding tax (line 2 minus I	ine 7)			8	I	 
	ss than \$28,000, multiply the amo	,					<u> </u>
	nount to be withheld				9		
	<b>8,000 or greater,</b> multiply the am						
	mount to be withheld				10		
	ders, Partners, or Members Subject to		`			• • • • • • • • • • • • • • • • • • • •	
	the partner's, shareholder's, or me amount of Nebraska income tax						
percent of anodation, and the	o amount of Hobracha moonto ta			•		1101001, 01 1110111	501.
Names of Partners, SI	hareholders, or Members	Social Security No Federal ID Nu		Percent of Allocation		Allocation Amo	unt
						I	
					+	<u> </u>	' I
							1
			TOTALS	100%			
	eclare that I have been authorized to make this ated from the payment received for personal se						
here Signature of Payee or Author	orized Agent	Signature of	of Preparer Othe	er than Pavee		Date	
	<b>9</b>		-,,				
Date Te	elephone Number	City			State	Zip Co	ode

## **INSTRUCTIONS**

**PURPOSE.** Form W-4NA is to be used by payers of nonresident individuals to compute Nebraska income tax to be withheld from payments for personal services in Nebraska. Personal services include, but are not limited to, payments to nonresident entertainers, individual athletes, performers, consultants, public speakers, corporate board directors, or other professional services.

**WHO MUST WITHHOLD.** Any person paying a nonresident for services substantially performed in Nebraska may be required to withhold Nebraska income tax. A person must withhold if the payee is not an employee; the payment is not subject to federal withholding; and the payer is either (1) maintaining an office or transacting business within Nebraska and making a payment or payments of more than \$600, or (2) making a payment or payments in excess of \$5,000.

The payer and the nonresident must complete Form W-4NA together. Nonresident individuals can use Form W-4NA to report their business expenses and payments in performing personal services in Nebraska. If there are other payees receiving payments for services performed in Nebraska as nonresident individuals, each must complete a separate Form W-4NA.

A payer or withholding agent who pays a nonresident alien individual for providing personal services and who has withheld federal tax on Federal Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, must also withhold state tax using Nebraska Form W-4NA.

A nonresident alien whose country has a tax treaty with the U.S. may not be subject to nonresident withholding. The payer is to obtain a written statement from the payee certifying the existence of a treaty exempting U.S. income earned by the alien from federal or state income tax.

**Payments to a corporation** are subject to withholding requirements if 80% or more of the voting stock of the corporation is held by the shareholders who are performing personal services. **Payments to a partnership or LLC** are subject to withholding requirements if 80% or more of the capital interest or profits interest of the partnership or LLC is held by the partners or members who are performing personal services. See line 11 instructions.

The completed Form W-4NA is a part of the payer's records and must be kept with other withholding tax records. Federal Forms 1099-MISC or 1042-S will be issued by the payer based on the information on the completed Form W-4NA. The Forms 1099-MISC, or 1042-S state copies, will be included with the Form W-3N, Nebraska Reconciliation of Income Tax Withheld, filed with the department.

**PENALTIES.** A penalty may be imposed, in addition to other penalties provided by law, on a nonresident individual for giving false information to a payer regarding payments subject to withholding, if the information could result in the amount withheld totaling less than 75% of the income tax liability on such payments. A penalty may also be imposed on any payer who either knowingly uses false information or who maintains records which show the information is false.

The penalties will equal: (a) the amount of tax evaded, not collected, or not accounted for and paid over; and (b) an additional amount up to \$1,000.

**TAXPAYER ASSISTANCE.** Questions can be directed to the Nebraska Department of Revenue, PO Box 98915, Lincoln, Nebraska 68509-8915. Call (800) 742-7474 in Nebraska and Iowa, or (402) 471-5729.

## **PAYER INSTRUCTIONS**

**NAME AND LOCATION ADDRESS.** Payer must complete the payee's name, address, and Social Security number or federal employer identification number of the nonresident individual, corporation, partnership, or LLC.

**LINE 2.** Enter the total amount of the payment for personal services. Include any amounts paid to the service provider as reimbursement for expenses.

**LINE 9.** If line 8 is less than \$28,000 compute the amount to be withheld. Otherwise, enter zero (-0-) and compute the amount to be withheld using line 10 instructions.

## PAYEE INSTRUCTIONS

LINE 3. Ordinary and necessary business expenses reasonably related to Nebraska income. Expenses listed on this schedule are amounts paid for travel, lodging, meals and other ordinary and necessary expenses spent in earning your income in Nebraska.

**LINE 4.** Payments made to others for performances or appearances and other fees reasonably related to **Nebraska income.** Payments listed are amounts paid to agents, or to others such as a percentage to agents or payments made to others assisting in the performance. This does **not** include payments to partners, shareholders, or members.

**NOTE:** If persons providing personal services also hire others to assist them, they may have a withholding responsibility on the payments made to such persons. If the persons are hired as employees, then Nebraska's regular withholding rules apply. If the persons are not employees and are nonresidents of Nebraska, then the person paying them must follow the guidelines in Form W-4NA. They should contact the department to receive a Withholding Certificate to withhold Nebraska tax.

**LINE 11.** If the payment was payable to a nonresident corporation, partnership, or LLC, the Nebraska income tax withheld, computed on line 9 or line 10, must be distributed to the appropriate nonresident shareholders, partners, or members.

The payee is to use line 11 to distribute the amount withheld to the appropriate nonresident shareholders, partners, or members. Federal Forms 1099-MISC or 1042-S will be issued by the payer to each shareholder, partner, or member and must be attached to their individual income tax return to receive proper credit.

**SIGNATURES.** The nonresident individual, corporate officer, partner, or member is to sign this certificate, and include his or her telephone number. If the payee authorizes another person to sign, there must be a power of attorney on file with the department or attached to this certificate. Any person paid to prepare Form W-4NA must also sign the certificate.