

STUDENT FINANCIAL SERVICES

Waiver of the non-resident tuition differential (up to the amount of Nebraska Income a non-resident student (or their spouses) who paid Nebraska Income Tax for (yestudent, whose parents paid Nebraska Income Tax for (year).	
To apply for the Non-Resident Nebraska Income Tax Tuition Credit, please follow the	se steps:
 Attach a signed copy of your (year) Nebraska Income Tax Return and If you were claimed as a dependent by your parents for (year) and you Income Tax for (year), copies of your parents signed (year) Federal (year) Nebraska Income Tax Return and the Nebraska Schedule III. 	r parents paid Nebraska
 Return this application form and copies of income tax return(s) to: University of Nebraska Medical Center Student Accounts 984245 Nebraska Medical Center Omaha NE 68198-4245 	
The Student Accounts office may require additional documentation.	
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Students Name:Student's NUID	#:
Students Birth Date://	
Students Street Address:	
Students City, State, Zip:	
Please check the semester you plan to attend: Fall Spring Summer Please list all UNO, UNL, UNK and UNMC students in your household who have applie the Non-Resident Nebraska Income Tax Tuition Credit for the academic year. Use the necessary.	
For tax purposes, were you claimed as a dependent by your parents in (year)? TYES, then please list the amount of Nebraska Income Tax paid by you and yo (year).	ur parents during
\$(Line #15 on Nebraska Form 1040N; Line #9 on Nebraska F	orm 1040NS)
□ NO, then please list the amount of Nebraska Income Tax paid by you and/or (year) \$(Line #15 on Nebraska Form 1040N; and Nebraska Schedul	
I understand a Non-resident Nebraska State Income Tax Tuition Credit would apply to (Fall, Spring, Summer if applicable). The tuition credit granted shall equal the amour paid for(year) except that the remaining tuition obligation cannot be less than tuition.	nt of Nebraska income tax
Students Signature:	Date:
I attest that the accompanying tax return was filed with the proper taxing authority.	
Taxpayer's Signature:	Date: