

# Application for Tentative Refund

► For individuals, estates, or trusts.  
 ► Mail in separate envelope. (Don't attach to tax return.)  
 ► Go to [www.irs.gov/Form1045](http://www.irs.gov/Form1045) for the latest information.

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Type or print	Name(s) shown on return		Social security or employer identification number	
	Number, street, and apt. or suite no. If a P.O. box, see instructions.		Spouse's social security number (SSN)	
	City, town or post office, state, and ZIP code. If a foreign address, also complete spaces below (see instructions).		Daytime phone number	
	Foreign country name	Foreign province/county	Foreign postal code	

<b>1</b> This application is filed to carry back:	<b>a</b> Net operating loss (NOL) (Sch. A, line 25) \$	<b>b</b> Unused general business credit \$	<b>c</b> Net section 1256 contracts loss \$
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<b>2a</b> For the calendar year 20 <del>18</del> <sup>19</sup> , or other tax year beginning _____, 20 <del>18</del> <sup>19</sup> , and ending _____, 20____	<b>b</b> Date tax return was filed _____
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- 3** If this application is for an unused credit created by another carryback, enter year of first carryback ► \_\_\_\_\_
- 4** If you filed a joint return (or separate return) for some, but not all, of the tax years involved in figuring the carryback, list the years and specify whether joint (J) or separate (S) return for each ► \_\_\_\_\_
- 5** If SSN for carryback year is different from above, enter **a** SSN ► \_\_\_\_\_ and **b** Year(s) ► \_\_\_\_\_
- 6** If you changed your accounting period, give date permission to change was granted ► \_\_\_\_\_
- 7** Have you filed a petition in Tax Court for the year(s) to which the carryback is to be applied? . . . . .  Yes  No
- 8** Is any part of the decrease in tax due to a loss or credit resulting from a reportable transaction required to be disclosed on Form 8886, Reportable Transaction Disclosure Statement? . . . . .  Yes  No
- 9** If you are carrying back an NOL or net section 1256 contracts loss, did this cause the release of foreign tax credits or the release of other credits due to the release of the foreign tax credit (see instructions)? . . . . .  Yes  No

Computation of Decrease in Tax (see instructions)	_____ preceding tax year ended ►		_____ preceding tax year ended ►		_____ preceding tax year ended ►	
	Before carryback	After carryback	Before carryback	After carryback	Before carryback	After carryback
	<b>10</b> NOL deduction after carryback (see instructions)					
<b>11</b> Adjusted gross income . . . . .						
<b>12</b> Deductions (see instructions) . . . . .						
<b>13</b> Subtract line 12 from line 11 . . . . .						
<b>14</b> Exemptions (see instructions) . . . . .						
<b>15</b> Taxable income. Line 13 minus line 14						
<b>16</b> Income tax. See instructions and attach an explanation . . . . .						
<b>17</b> Excess advance premium tax credit repayment (see instructions). . . . .						
<b>18</b> Alternative minimum tax . . . . .						
<b>19</b> Add lines 16 through 18 . . . . .						

Computation of Decrease in Tax (continued)	_____ preceding tax year ended ▶		_____ preceding tax year ended ▶		_____ preceding tax year ended ▶	
	Before carryback	After carryback	Before carryback	After carryback	Before carryback	After carryback
	20	General business credit (see instructions)				
21	Net premium tax credit (see instructions)					
22	Other credits. Identify . . . . .					
23	Total credits. Add lines 20 through 22					
24	Subtract line 23 from line 19 . . . . .					
25	Self-employment tax (see instructions)					
26	Additional Medicare Tax (see instructions)					
27	Net Investment Income Tax (see instructions) . . . . .					
28	Health care: individual responsibility (see instructions) . . . . .					
29	Other taxes . . . . .					
30	Total tax. Add lines 24 through 29 . . . . .					
31	Enter the amount from the "After carryback" column on line 30 for each year . . . . .					
32	Decrease in tax. Line 30 minus line 31					
33	Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation) . . . . .					

Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

**Sign Here**

Keep a copy of this application for your records.

▶	Your signature	Date
	Spouse's signature. If Form 1045 is filed jointly, <b>both</b> must sign.	Date

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

Schedule A—NOL (see instructions)

(see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)		1
2	Nonbusiness capital losses before limitation. Enter as a positive number	2	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-	4	
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5	
6	Nonbusiness deductions (see instructions)	6	
7	Nonbusiness income other than capital gains (see instructions)	7	
8	Add lines 5 and 7	8	
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-	9	
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. <b>But don't enter more than line 5</b>	10	
11	Business capital losses before limitation. Enter as a positive number	11	
12	Business capital gains (without regard to any section 1202 exclusion)	12	
13	Add lines 10 and 12	13	
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	
15	Add lines 4 and 14	15	
16	Enter the loss, if any, from line 16 of your 2018 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16	
17	Section 1202 exclusion. Enter as a positive number	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	
19	Enter the loss, if any, from line 21 of your 2018 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number	19	
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-	20	
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	
23	Domestic production activities deduction from your 2018 return. See instructions	23	
24	NOL deduction for losses from other years. Enter as a positive number	24	
25	<b>NOL.</b> Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you <b>don't</b> have an NOL	25	

(see instructions)

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Schedule B—NOL Carryover (see instructions)

Complete one column before going to the next column. Start with the earliest carryback year.

\_\_\_\_ preceding  
tax year ended ▶

\_\_\_\_ preceding  
tax year ended ▶

\_\_\_\_ preceding  
tax year ended ▶

1	<b>NOL deduction</b> (see instructions). Enter as a positive number . . . . .				
2	Taxable income before 2018 NOL carryback (see instructions). For estates and trusts, increase this amount by the sum of the charitable deduction and income distribution deduction				
3	Net capital loss deduction (see instructions) . . . . .				
4	Section 1202 exclusion. Enter as a positive number				
5	Domestic production activities deduction				
6	Adjustment to adjusted gross income (see instructions) . . . . .				
7	Adjustment to itemized deductions (see instructions) . . . . .				
8	For individuals, enter deduction for exemptions (minus any amount on Form 8914, line 2 for 2008, line 6 for 2009). For estates and trusts, enter exemption amount . . . . .				
9	Modified taxable income. Combine lines 2 through 8. If zero or less, enter -0-				
10	<b>NOL carryover</b> (see instructions) . . . . .				
	<b>Adjustment to Itemized Deductions (Individuals Only)</b> Complete lines 11 through 38 for the carryback year(s) for which you itemized deductions <b>only</b> if line 3, 4, or 5 above is more than zero.				
11	Adjusted gross income before 2018 NOL carryback . . . . .				
12	Add lines 3 through 6 above . . . . .				
13	Modified adjusted gross income. Add lines 11 and 12 . . . . .				
14	Medical expenses from Sch. A (Form 1040), line 4 (or as previously adjusted)				
15	Medical expenses from Sch. A (Form 1040), line 1 (or as previously adjusted)				
16	Multiply line 13 by percentage from Sch. A (Form 1040), line 3 . . . . .				
17	Subtract line 16 from line 15. If zero or less, enter -0- . . . . .				
18	Subtract line 17 from line 14 . . . . .				
19	Mortgage insurance premiums from Sch. A (Form 1040), line 13 (or as previously adjusted) . . . . .				
20	Refigured mortgage insurance premiums (see instructions) . . . . .				
21	Subtract line 20 from line 19 . . . . .				

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(see instructions)

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(for years before 2018)

Schedule B—NOL Carryover (continued)

Complete one column before going to the next column. Start with the earliest carryback year.

	_____ preceding tax year ended ►	_____ preceding tax year ended ►	_____ preceding tax year ended ►
22			
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line 14 (

for years before 2018)

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(for years before 2018)

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