

Application for Tentative Refund
 For individuals, estates, or trusts.
File application on or after the date you file your annual income tax return.
 Go to www.irs.gov/Form1045 for instructions and the latest information.

2024

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	

1 This application is filed to carry back:	a Net operating loss (NOL) (Form 172) \$	b Unused general business credit \$	c Net section 1256 contracts loss \$
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2a For the calendar year 2024, or other tax year beginning _____, 2024, and ending _____, 20	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 (see instructions): _____
- 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 a 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
	Note: If 1a and 1c are blank, skip lines 10 through 15.					
10 NOL deduction after carryback (see instructions)						
11 Adjusted gross income						
12 Deductions (see instructions)						
13 Subtract line 12 from line 11						
14 Exemptions (see instructions)						
15 Taxable income. Line 13 minus line 14						
16 Income tax. See instructions and attach an explanation						
17 Excess advance payment(s) for premium tax credit and/or child tax credit (see instructions)						
18 Alternative minimum tax						
19 Add lines 16 through 18						

Computation of Decrease in Tax <i>(continued)</i>	_____ 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 and child 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 Reserved for future use						
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) **33**

Sign Here
 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.
 Your signature _____ Date _____
 Spouse's signature. If Form 1045 is filed jointly, **both** must sign. _____ Date _____
 Keep a copy of this application for your records.

Paid Preparer Use Only
 Print/Type preparer's name _____ Preparer's signature _____ Date _____
 Check if self-employed PTIN _____
 Firm's name _____ Firm's EIN _____
 Firm's address _____ Phone no. _____