

Note: The draft you are looking for begins on the next page.

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Most forms and publications have a page on IRS.gov: <a href="IRS.gov/Form1040">IRS.gov/Form1040</a> for Form 1040; <a href="IRS.gov/Pub501">IRS.gov/Pub501</a> for Pub. 501; <a href="IRS.gov/W4">IRS.gov/W4</a> for Form W-4; and <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at <a href="IRS.gov/FormsComments">IRS.gov/FormsComments</a>. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501", etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each "NTF" message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click here.

## $\mathsf{Form}\,\mathbf{1045}$

Department of the Treasury Internal Revenue Service **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.

OMB No. 1545-0098

2024

	Name(s) shown on return	Social secu	Social security or employer identification number						
Type or print	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	n address, also complete	spaces below (see instruc	tions). Daytime ph	one number				
Ţ	Foreign country name	Foreign provi	nce/county	Foreign po	stal code				
1	This application is filed to carry back:  a Net operating loss (N	NOL) (Form 172)	<ul><li>b Unused general busi</li></ul>	ness credit c N	let section 1256	contracts loss			
2	For the calendar year 2024, or other tax year beginning , 2024	, and ending	,20	<b>b</b> Date ta	x return was filed	t			
3			<del>V I I - /</del>	of first carrybac	k.	l			
4		_		•		k list the vears			
•	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 S	SN:	and <b>b</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?								
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?								
9	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)?								
	Computation of Decrease in Tax (see instructions)	preceding		preceding	preceding				
	(see instructions)	tax year ended:	tax year er		tax year ende				
Not	e: If 1a and 1c are blank, skip lines 10 through 15.	Before carryback c	After Before carryback	After carryback	Before carryback	After carryback			
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								

Form 1045 (2024) Page 2 preceding **Computation of Decrease in Tax** preceding preceding (continued) tax year ended: tax year ended: tax year ended: Before After Before After Before After carryback carryback carryback carryback carryback carryback 20 General business credit (see instructions) Net premium tax credit and child tax 21 credit (see instructions) 22 Other credits. Identify . 23 Total credits. Add lines 20 through 22 Subtract line 23 from line 19 24 25 Self-employment tax (see instructions) Additional Medicare Tax (see instructions) 26 27 Net Investment Income (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 Over	payment of tax due to a claim of right	adjustment under section 1341(b)(1)	(attach com	putation)	33					
Sign	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.									
Here	Your signature					Date				
Keep a copy of this										
application for your records.	Spouse's signature. If Form 1045 is filed jointly, <b>both</b> must sign.									
Paid Propagar	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed		PTIN				
Preparer Use Only				Firm's EIN						
						Phone no.				