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Form **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 security or employer identification number				
print	Number, street, and apt. or suite no. If a P.O. box, see instructions.					Spouse's social security number (SSN)				
Type or	City, town or post office, state, and ZIP code. If a foreign	n address, also cor	nplete spaces belo	ow (see instructions). Daytime pho	one number				
	Foreign country name	Foreign	province/county		Foreign pos	tal code				
1	This application is a Net operating loss (N filed to carry back:	IOL) (Form 172)	b Unused	general business	s credit c Ne	et section 1256	contracts loss			
2	For the calendar year 2024, or other tax year beginning , 2024	year 2024, or other tax year , 2024, and ending , 20			b Date tax	b Date tax return was filed				
3	If this application is for an unused credit	created by ano	ther carryback	k, enter year of	first carryback	C:				
4	If you filed a joint return (or separate return and specify whether joint (J) or separate (k, list the years			
5	If SSN for carryback year is different from	above, enter	a SSN:	K/	and b Year(s)	:				
6	If you changed your accounting period, g	ive date permi	ssion to chang	je was granted:						
7	Have you filed a petition in Tax Court for	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 disclosed on Form 8886, Reportable Train				ransaction red	_	☐ Yes ☐ No			
9	If you are carrying back an NOL or a net credits or the release of other credits due						☐ Yes ☐ No			
	Computation of Decrease in Tax (see instructions)	preceding tax year ended:		preceding tax year ended:		preceding tax year ended:				
Not	e: If 1a and 1c are blank, skip lines 10 through 15.	Before carryback	After carryback	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 General business credit (see instructions) 20 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) 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 Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation) 33

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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, both must sign.									
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date Check self-em		☐ if	PTIN				
Use Only	y Firm's name					Firm's EIN Phone no.				
	Timi s address			FIIOHE IIO.		5 101E (222				