Form 1045

Department of the Treasury Internal Revenue Service **Application for Tentative Refund**

▶ Before you fill in this form, read the separate instructions.

▶ Do not attach to your income tax return—mail in a separate envelope.

► For use by individuals, estates, or trusts.

OMB No. 1545-0098

2000

print	Name (and name of spouse if filing jointly)				Social secu	rity or employer i	dentification number		
Please type or print	imber, street, and apt. or suite no. If you have a P.O. box, see page 2 of the instructions.				Spouse's s	Spouse's social security number (SSN)			
Please	City, town or post office, state, and ZIP code. If you have a foreign address, see page 2 of the instructions.				ns. Telephone r	Telephone number (optional)			
	а	Net operating los	ss (from Schedule	A, line 27, on page	2) b Unused	general business	s credit		
1	This application is filed to carry back:	\$			\$				
2a	For the calendar year 2000, or other tax year				b Date tax	return was filed			
	beginning , 2000, ending	, 20							
3	If this application is for an unused cred	dit created by a	another carryb	ack, enter year	of the first ca	arryback 🕨			
4	If you filed a joint return (or separate re								
	years and specify whether joint (J) or s								
5	If SSN for carryback year is different from								
6	If you changed your accounting period								
7	Have you filed a petition in Tax Court f								
8	Is any part of the decrease in tax due						⊥ Yes ∟ No		
9	If you are carrying back a net operating of other credits due to the release of t	g IOSS, did this he foreign tay i	cause the rele	ease of foreign		the release	☐ Yes ☐ No		
		precedir	ng	preceding		preced			
	Computation of Decrease in Tax See page 2 of the instructions.	tax year ended		tax year ended		tax year ende			
	Note: If 1a is blank, skip lines 10 through 16.	Before carryback	After carryback	Before carryback	After carryback	Before carryback	After carryback		
10	Adjusted gross income								
11	Net operating loss deduction after								
	carryback. See page 2 of the instructions								
12	Subtract line 11 from line 10								
13	Deductions. See page 3 of the instructions								
14	Subtract line 13 from line 12								
15	Exemptions. See page 3 of the instructions								
16	Taxable income. Line 14 minus line 15								
17	Income tax. See page 3 of the instructions and attach an explanation								
18	General business credit. See page 3								
	of the instructions								
19	Other credits. Identify								
20 21	Total credits. Add lines 18 and 19 . Subtract line 20 from line 17								
22	Recapture taxes								
23	Alternative minimum tax								
24	Self-employment tax								
25	Other taxes								
26	Total tax. Add lines 21 through 25 .								
27	Enter the amount from the "After								
	carryback" column on line 26 for each								
20	year								
28		right adjustmen	X///////////////////////////	1241/b)/1) (2	##	otion)			
29 30	Overpayment of tax due to a claim of Suspended research credit allowed for					ation)			
Sig	Under penalties of perjury, I declare	that I have examin	ed this application		•		d to the best of my		
	Your signature a copy of application	·				Date			
	Spouse's signature (if Form 1045	is filed jointly, both	n must sign)			Date			
Prer	parer Other Name ►					Date			
	n Taxpayer Address ►								

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Sch	edule A—Net Operating Loss (NOL). See page 4 of the instructions.			
1	Adjusted gross income from your 2000 Form 1040, line 34. Estates and trusts, skip lines 1 and 2.	1		_
2	Deductions (individuals only): Enter the amount from your 2000 Form 1040, line 36.			
a b	Enter the amount from your 2000 Form 1040, line 36			
C	Add lines 2a and 2b	2c	(_
3	Combine lines 1 and 2c. Estates and trusts, enter taxable income increased by the sum of the charitable deduction and income distribution deduction	3		
	Note: If line 3 is zero or more, do not complete the rest of the schedule. You do not have an NOL.			
4	Deduction for exemptions from line 2b above. Estates and trusts, enter the exemption amount from tax return	4		_
5	Total nonbusiness capital losses before limitation. Enter as a positive number			
6	Total nonbusiness capital gains (without regard to any section 1202 exclusion)			
7	If line 5 is more than line 6, enter the difference; otherwise, enter -0 7			
8	If line 6 is more than line 5, enter the difference; otherwise, enter -0			
9	Nonbusiness deductions. See page 4 of the instructions			
10	Nonbusiness income other than capital gains. See page 4 of the instructions			
11	Add lines 8 and 10			
12	If line 9 is more than line 11, enter the difference; otherwise, enter -0	12		
13	If line 11 is more than line 9, enter the difference; otherwise, enter -0 But do not enter more than			
	line 8			
14	Total business capital losses before limitation. Enter as a positive number			
15	Total business capital gains (without regard to any section 1202 exclusion)			
	any seedien 1202 endusion,			
16	Add lines 13 and 15			
17	If line 14 is more than line 16, enter the difference; otherwise, enter -0-			
18	Add lines 7 and 17			
19	Enter the loss, if any, from line 17 of Schedule D (Form 1040). (Estates			
	and trusts, enter the loss, if any, from line 16, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on			
	that line (and do not have a section 1202 exclusion), skip lines 19 through			
	24 and enter on line 25 the amount from line 18			
20	Section 1202 exclusion. Enter as a positive number	20		
21	Subtract line 20 from line 19. If zero or less, enter -0			
22	Enter the loss, if any, from line 18 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 17 of Schedule D (Form 1041).)			
	Enter as a positive number			
23	If line 21 is more than line 22, enter the difference; otherwise, enter -0-	(//////		
24	If line 22 is more than line 21, enter the difference; otherwise, enter -0	24		_
25	Subtract line 23 from line 18. If zero or less, enter -0	25		_
26	Net operating loss deduction for losses from other years. Enter as a positive number	26		_
27	Net operating loss. Combine lines 3, 4, 12, 20, 24, 25, and 26. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have a net operating loss	27		

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Schedule B—Net Operating Loss Carryover. See page 4 of the 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	Net operating loss deduction. See page 4 of the instructions						
2	Taxable income before 2000 NOL carryback. Estates and trusts, increase this amount by the sum of the charitable deduction and income distribution deduction. See page 4 of the instructions						
3	Net capital loss deduction. See page 4 of the instructions						
4	Section 1202 exclusion. Enter as a positive number						
5	Adjustments to adjusted gross income. See page 4 of the instructions						
6	Adjustment to itemized deductions. See page 4 of the instructions						
7	Deduction for exemptions. Estates and trusts, enter exemption amount	7//////////////////////////////////////					
8	Modified taxable income. Combine lines 2 through 7. If zero or less, enter -0						
9	Net operating loss carryover. Subtract line 8 from line 1. If zero or less, enter -0 See page 5 of the instructions						
	Adjustment to Itemized Deductions (Individuals Only)						
	Complete lines 10 through 34 for the carryback year(s) for which you itemized deductions only if line 3 or line 4 above is more than zero.						
10	Adjusted gross income before 2000 NOL carryback						
11 12	Add lines 3 through 5 above Modified adjusted gross income. Add lines 10 and 11						
13	Medical expenses from Sch. A (Form 1040), line 4 (or as previously adjusted)						
14	Medical expenses from Sch. A (Form 1040), line 1 (or as previously adjusted)						
15 16	Multiply line 12 by 7.5% (.075) Subtract line 15 from line 14. If zero						
<u>17</u>	or less, enter -0						

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Schedule B—Net Operating Loss 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 ▶	
18	Modified adjusted gross income from line 12 on page 3						
19	Enter as a positive number any NOL carryback from a year before 2000 that was deducted to figure line 10						
20	on page 3						
21	Charitable contributions from Sch. A (Form 1040), line 18 (line 17 for 1990, line 16 for 1991-93) (or as previously						
22	adjusted)						
23 24	Subtract line 22 from line 21 Casualty and theft losses from Form 4684, line 18 (or as previously adjusted)						
25 26	Casualty and theft losses from Form 4684, line 16 (or as previously adjusted) Multiply line 18 by 10% (.10)						
27	Subtract line 26 from line 25. If zero or less, enter -0-						
28	Subtract line 27 from line 24						
29	Miscellaneous itemized deductions from Sch. A (Form 1040), line 26 (line 25 for 1990, line 24 for 1991-93) (or as previously adjusted)						
30	Miscellaneous itemized deductions from Sch. A (Form 1040), line 23 (line 22 for 1990, line 21 for 1991-93) (or						
31	as previously adjusted)						
32	Subtract line 31 from line 30. If zero or less, enter -0						
33	Subtract line 32 from line 29						
34	Complete the worksheet on page 6 of the instructions if line 18 is more than the applicable amount shown below (more than one-half that amount if married filing separately for that year).						
	\$100,000 for 1991.\$105,250 for 1992.						
	 \$108,450 for 1993. \$111,800 for 1994. \$114,700 for 1995. \$117,950 for 1996. 						
	\$121,200 for 1997.\$124,500 for 1998.\$126,600 for 1999.						
	Otherwise, combine lines 17, 23, 28, and 33; enter the result here and on line 6 (page 3)						