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.

OMB No. 1545-0098

Department of the Treasury For use by individuals, estates, or trusts. Internal Revenue Service Name (and name of spouse if filing jointly) Social security or employer identification number print ö Number, street, and apt. or suite no. If you have a P.O. box or a foreign address, see the instructions. Spouse's social security number type Please t City, town or post office, state, and ZIP code Telephone no. (optional) Unused general business credit a Net operating loss (from Schedule A, page 2, line 25) This application is filed to carry back: For the calendar year 1995, or other tax year b Date tax return was filed c Service center where tax return was filed beginning , 1995, ending , 19 3 If this application is for an unused credit created by another carryback, give year of the first carryback ▶ 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 ▶..... If you changed your accounting period, give date permission to change was granted ▶ Have you filed a petition in Tax Court for the year(s) to which the carryback is to be applied? \square Yes \square No Does this carryback include a loss or credit from a tax shelter required to be registered?. □ Yes □ No 8 If you are carrying back a net operating loss, did this cause the release of foreign tax credits or the release of other credits because of the release of the foreign tax credit? See instructions 3rd preceding tax year ended ▶ 2nd preceding tax year ended ► 1st preceding tax year ended ▶ Computation of Decrease in Tax (e) Before (a) Before (c) Before (b) After (d) After (f) After Note: If 1a is blank, skip lines 10 through 16. carryback carryback carryback carryback carryback carryback 10 Adjusted gross income from tax return or as previously adjusted 11 Net operating loss deduction after carryback. See instructions . . . Subtract line 11 from line 10 . . . 12 Deductions. See instructions . . . 13 14 Subtract line 13 from line 12 Exemptions 15 16 Taxable income. Line 14 minus line 15 17 Income tax. See instructions—attach explanation 18 Other credits. Identify 19 20 Total credits. Add lines 18 and 19 . . 21 Subtract line 20 from line 17 . . . 22 Recapture taxes 23 Alternative minimum tax 24 Self-employment tax.... 25 Other taxes 26 Total tax liability. Add lines 21 through 25 Enter amount from line 26, cols. (b), 27 28 Decrease in tax. Line 26 minus line 27 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 Sign 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) Date

Name ▶

Address ►

Preparer Other Than Taxpayer Form 1045 (1995) Page **2**

Schedule A—Net Operating Loss (NOL). See instructions.

1	Adjusted gross income from 1995 Form 1040, line 32. Es	tates and trusts, skip lines 1 and	2	1	
2	Deductions (individuals only):				
а	E	2a			
b					
С				2c	()
3	Combine lines 1 and 2c. Estates and trusts, enter taxable		[3	
	Note: If line 3 is zero or more, do not complete rest of sched	lule. You do not have a net operatir	ng loss.		
	Adjustments:		Ĭ		
4	Deduction for exemptions from line 2b above. Estates	and trusts, enter			
-	exemption amount from tax return				
5	Total nonbusiness capital losses before				
	limitation. Enter as a positive number 5				
6	Total nonbusiness capital gains 6				
7	If line 5 is more than line 6, enter difference;				
	otherwise, enter -0				
8	If line 6 is more than line 5, enter difference;				
	otherwise, enter -0				
9	Nonbusiness deductions. See instructions 9				
10	Nonbusiness income other than capital gains.				
	See instructions				
11	Add lines 8 and 10				
12	If line 9 is more than line 11, enter difference; otherwise,	enter -0 12			
13	If line 11 is more than line 9, enter difference;				
	otherwise, enter -0 Do not enter more than line 8				
14	Total business capital losses before limitation. Enter				
	as a positive number				
15	Total business capital gains				
16	Add lines 13 and 15				
17	If line 14 is more than line 16, enter difference;				
	otherwise, enter -0				
18	Add lines 7 and 17				
19	Enter the loss, if any, from line 18 of Schedule				
• /	D (Form 1040). (Estates and trusts, enter the				
	loss, if any, from line 17, column (c), of Schedule				
	D (Form 1041).) Enter as a positive number. If				
	you do not have a loss on that line, skip lines				
	19 through 21 and enter on line 22 the amount				
	from line 18				
20	Enter the loss from line 19 of Schedule D (Form				
	1040). (Estates and trusts, enter the loss from				
	line 18 of Schedule D (Form 1041).) Enter as a positive number				
04	positive named				
21 22	Culatura et line 21 france line 10	22			
22	Subtract line 21 from line 18				
23	Net operating loss deduction for losses from other years. E				
24	number			24	
24 25			ntor!		
	Net operating loss. Combine lines 3 and 24. If the combiner and on page 1, line 1a. If the combined amount is				
	operating loss	25.5 of more, you do not have		25	

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	odulo R. Not Operating Loss Carr	ryover See instructions		Page 3	
Schedule B—Net Operating Loss Carryover. See instructions. Complete one column before going to the (a) 3rd preceding tax (b) 2nd preceding tax (c) 1st preceding tax					
next column.		(a) 3rd preceding tax year ended ►	(b) 2nd preceding tax year ended ►	(c) 1st preceding tax year ended ►	
1	Net operating loss deduction. In column (a), enter as a positive number the net operating loss from Schedule A, line 25. In columns (b) and (c), enter amounts from line 8 below, columns (a) and (b), respectively				
2	Taxable income from tax return (or as previously adjusted) before 1995 NOL carryback. (For individuals, if line 37 of Form 1040 is zero, subtract line 36 (Form 1040) from line 35 (Form 1040), and enter the difference as a negative number				
3	Net capital loss deduction from Sch. D (Form 1040), line 19 (line 20 of 1992 Sch. D), or from Sch. D (Form 1041), line 18. Enter as a positive number.				
4	Adjustments to adjusted gross income. See instructions				
5	Adjustment to itemized deductions. See instructions				
6	Deduction for exemptions from tax return (or as previously adjusted). Estates and trusts, enter exemption amount				
7	Modified taxable income. Combine lines 2 through 6. If zero or less, enter -0-				
8	Net operating loss carryover. Subtract line 7 from line 1. If zero or less, enter -0 See instructions				
	Adjustment to Itemized Deductions (Individuals Only) Complete lines 9 through 33 ONLY if, for any of the 3 preceding years, you itemized deductions and line 3 above has an entry other than zero.				
9	Adjusted gross income per return (or as previously adjusted) before 1995 NOL carryback				
10 11	Add lines 3 and 4 above				
12	Medical expenses from Sch. A (Form 1040), line 1				
13	Multiply line 11 by .075				
14	Subtract line 13 from line 12. If zero or less, enter -0-				
15 16	Medical expenses from Sch. A (Form 1040), line 4 (or as previously adjusted) Subtract line 14 from line 15				

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Schedule B—Net Operating Loss Carryover (Continued)							
	nplete one column before going to the column.	(a) 3rd precedir year ended		(b) 2nd preced year ended		(c) 1st preced year ended	
17	Modified adjusted gross income from line 11						
18	Enter as a positive number any NOL carryback from a year before 1995 that was deducted in figuring line 9 on page 3						
19	Add lines 17 and 18						
20	Refigure your charitable contributions using line 19 as your adjusted gross income. See instructions						
21	Charitable contributions from Sch. A (Form 1040), line 18 (line 16 of 1993 and 1992 Sch. A)						
22	Subtract line 20 from line 21						
23	Casualty and theft losses from Form						
24	4684, line 16						
25	Subtract line 24 from line 23. If zero or less, enter -0-						
26	Casualty and theft losses from Form 4684, line 18 (or as previously adjusted)						
27	Subtract line 25 from line 26						
28	Miscellaneous itemized deductions from Sch. A (Form 1040), line 23 (line 21 of 1993 and 1992 Sch. A)						
29	Multiply line 11 by .02						
30	Subtract line 29 from line 28. If zero or less, enter -0						
31 32	Miscellaneous itemized deductions from Sch. A (Form 1040), line 26 (line 24 of 1993 and 1992 Sch. A) (or as previously adjusted) Subtract line 30 from line 31						
33	Combine lines 16, 22, 27, and 32. If line 11 is more than \$105,250 for 1992 (\$52,625 if married filing separately), more than \$108,450 for 1993 (\$54,225 if married filing separately), or more than \$111,800 for 1994 (\$55,900 if married filing separately), complete the worksheet on page 4 of the instructions. Otherwise, enter the amount from this line on line 5 (page 3)						