(Rev. May 2002) Department of the Treasury Internal Revenue Service

Application for Tentative Refund

► See 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

_	Name(s) shown on return				Social secur	ity or employer ide	entification number	
or print	Number, street, and apt. or suite no. If a P.O. box, see page 2 of the instructions.				Spousa's se	Spouse's social security number (SSN)		
ō	City, town or post office, state, and ZIP code. If a foreign address, see page 2 of the instructions.				Spouse 3 30	spouse's social security number (33N)		
Type					Davtime pho	Daytime phone number		
			9		()			
1	This application is filed a Net operating lo	ss (NOL) (Sch. A, li	ne 27, page 2)	b Unused genera	I business credit	c Net sec. 1	256 contracts loss	
	to carry back:			\$		\$		
2a	For the calendar year 2001, or other tax year		<u>'</u>	·	b Date tax	return was filed		
	beginning , 2001, ending	, 20						
3	If this application is for an unused cred	dit created by a	another carryb	ack, enter year	of first carryb	ack ▶		
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 th years and specify whether joint (J) or separate (S) return for each ▶							
5	If SSN for carryback year is different from	above, enter a S	SSN ▶		and b Year(s	s) >		
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 an NOL or net se or the release of other credits due to the] Yes □ No	
	Computation of Decrease in Tax	precedir	ng	precedin	g	precedir	ng	
	See page 2 of the instructions.	tax year crided	1	tax year ended		tax year ended		
Note:	If 1a and 1c are blank, skip lines 10 through 16.	Before carryback	After carryback	Before carryback	After carryback	Before carryback	After carryback	
10	Adjusted gross income							
11	NOL deduction after carryback. See							
	page 3 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 4 of the instructions and attach an explanation							
18	Alternative minimum tax							
19	Add lines 17 and 18							
20	General business credit. See page 4							
	of the instructions							
21	Other credits. Identify							
22	Total credits. Add lines 20 and 21 .							
23	Subtract line 22 from line 19							
24	Self-employment tax							
25	Other taxes							
26	Total tax. Add lines 23 through 25 .							
27	Enter the amount from the "After							
	carryback" column on line 26 for each year							
28	Decrease in tax. Line 26 minus line 27							
29	Overpayment of tax due to a claim of	right adjustmei	nt under section	on 1341(b)(1) (a	ttach computa	ation) .		
30	Suspended research credit allowed for	current year (see page 4 of	the instructions	s)			
Sig	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 helief they are true, correct, and complete.							
knowledge and belief, they are true, correct, and complete. Your signature Date								
Keep a copy of this application						Date		
					Date			
,	Spouse 3 signature. If Form 1043	.o mod jointry, bot i	ust sign.			Date		
Preparer Other Name Date								
	Taxpayer Address ►							

Schedule A—NOL. See page 4 of the instructions.

1	Adjusted gross income from your 2001 Form 1040, line 34. Estates and		
	trusts, skip lines 1 and 2		
2	Deductions:		
а	Enter the amount from your 2001 Form 1040, line 36		
h			
D	Enter your deduction for exemptions from your 2001 Form 1040, line 38		
С	Add lines 2a and 2b		
3	Subtract line 2c from line 1. 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		
4	number	V	
6	exclusion)		
7	If line 5 is more than line 6, enter the difference; otherwise, enter -0-		
8	If line 6 is more than line 5, enter the difference;		
	otherwise, enter -0		
9	Nonbusiness deductions. See page 4 of the instructions	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
10	Nonbusiness income other than capital gains.		
	See page 4 of the instructions		
11 12	Add lifes 0 drid 10	12	
12	If line 9 is more than line 11, enter the difference; otherwise, enter -0		
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 14		
15	Total business capital gains (without regard to		
	any section 1202 exclusion)		
16	Add lines 13 and 15	\	
17	Subtract line 16 from line 14. If zero or less, enter -0		
18	Add lifes 7 did 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	NOL deduction for losses from other years. Enter as a positive number $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	26	
27	NOL. 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 an NOL	27	

Form 1045 (2001) (Rev. 5-2002) Page **3**

Schedule B—NOL 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	NOL deduction . Enter as a positive number. See page 4 of the instructions						
2	Taxable income before 2001 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 5 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	NOL 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 2001 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						

Form 1045 (2001) (Rev. 5-2002) Page **4**

Schedule B—NOL 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 2001 that was deducted to figure line 10 on page 3				
20 21	Add lines 18 and 19				
22 23	Refigured charitable contributions. See page 5 of the instructions Subtract line 22 from line 21				
24	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 28	Subtract line 26 from line 25. If zero or less, enter -0 Subtract line 27 from line 24				
29	Miscellaneous itemized deductions from Sch. A (Form 1040), line 26 (line 24 for 1991-93) (or as previously adjusted)				
30	Miscellaneous itemized deductions from Sch. A (Form 1040), line 23 (line 21 for 1991-93) (or as previously adjusted)				
31 32	Multiply line 18 by 2% (.02)				
33 34	Subtract line 32 from line 29 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. 				
	• \$128,950 for 2000. Otherwise, combine lines 17, 23, 28, and 33; enter the result here and on line 6 (page 3)				