1045 Form

Application for Tentative Refund

OMB No. 1545-0098

1998

▶ Before you fill in this form, read the separate instructions. ▶ Do not attach to your income tax return—mail in a separate envelope.

	ment of the Treasury I Revenue Service	For use by income		ites, or trusts.	e envelope.		197	0
print	Name (and name of spouse if filing jointly)				Social secu	rity or employe	r identificat	ion number
Please type or	Number, street, and apt. or suite no. If you have	per, street, and apt. or suite no. If you have a P.O. box, see page 2 of the instructions.				Spouse's social security number (SSN)		
Please	City, town or post office, state, and ZIP code. If	you have a foreign	ou have a foreign address, see page 2 of the instructions. Telephone no. (option ())			no. (optional)	nal)	
		a Net operating lo	ss (from Schedule	A, page 2, line 28)	b Unused	general busine	ss credit	
1	This application is filed to carry back:							
2a	For the calendar year 1998, or other tax year	b Date tax return was filed						
		, 1998, ending , 19 .						
3	If this application is for an unused cre	•	•	•		•		
4	If you filed a joint return (or separate years and specify whether joint (J) or							
5	If SSN for carryback year is different from							
6	If you changed your accounting perio							
7	Have you filed a petition in Tax Court							
8	Does this carryback include a loss or							
9	If you are carrying back a net operation							_
	of other credits due to the release of	2rd proceding t		age 2 of the inst 2nd preceding ta		1st precedir	<u> </u>	
	Computation of Decrease in Tax	year ended ►	d.x.	year ended ►	^	year ended		
	See page 2 of the instructions. Note: If 1a is blank, skip lines 10 through 1.	6. carryback	(b) After carryback	(c) Before carryback	(d) After carryback	(e) Before carryback) After rryback
10	Adjusted gross income from tax							
	return or as previously adjusted						_	
11	Net operating loss 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						<u> </u>	
15 14	Exemptions							
16 17	Taxable income. Line 14 minus line 15 Income tax. See page 4 of the							
	instructions and attach an explanation							
18	General business credit. See page 4 of the instructions.							
19	Other credits. Identify							
20	Total credits. Add lines 18 and 19 .							
21	Subtract line 20 from line 17							
22	Recapture taxes							
23 24	Alternative minimum tax							
24 25	Other taxes							
26	Total tax liability. Add lines 21 through 25							
27	Enter the amount from line 26,							
	columns (b), (d), and (f), respectively		-				_	
28	Decrease in tax. Line 26 minus line 27					L		
29	Overpayment of tax due to a claim of							
Sig	n Under penalties of perjury, I declare knowledge and belief, they are true,			n and accompanyin	g schedules and	d statements, a	ind to the	best of my
	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)				Da	te			
Preparer Other Name				Da	te			

Than Taxpayer Address 🕨

For Privacy Act and Paperwork Reduction Act Notice, see page 5 of the instructions.

Form	1045	(1998)
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Schedule A—Net Operating Loss (NOL). See page 4 of the instructions.

1	Adjusted gross income from your 1998 Form 1040, line 34. Estates and trusts, skip lines 1 and 2				
2	Deductions (individuals only): Enter the amount from your 1998 Form 1040, line 36 2a				
a b	Enter the amount from your 1998 Form 1040, line			_	
b C	Enter your deduction for exemptions from your 1998 Form 1040, line 38. 2b Add lines 2a and 2b .				()
3	Combine lines 1 and 2c. Estates and trusts, ente			2c 3	
•	Note: If line 3 is zero or more, do not complete rest				
	Adjustments:				
4	Deduction for exemptions from line 2b above. Esta	ates and trusts, enter the			
	exemption amount from tax return		4	_	
5	Total nonbusiness capital losses before				
	limitation. Enter as a positive number	5			
6	Total nonbusiness capital gains (without regard	6			
_	to any section 1202 exclusion)	0			
7	If line 5 is more than line 6, enter the difference; otherwise, enter -0-	7			
8	otherwise, enter -0- If line 6 is more than line 5, enter the difference;				
0	otherwise, enter -0-	8			
9	Nonbusiness deductions. See page 4 of the				
	instructions	9			
10	Nonbusiness income other than capital gains.				
	See page 4 of the instructions	10	-		
11	Add lines 8 and 10		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 Do not enter more than line 8	13			
14	Total business capital losses before limitation.				
	Enter as a positive number	14	-		
15	Total business capital gains (without regard to	15			
47	any section 1202 exclusion)	15 16	-		
16	Add lines 13 and 15		-		
17	If line 14 is more than line 16, enter the difference; otherwise, enter -0-	17			
18	Add lines 7 and 17	18			
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	10			
20	24 and enter on line 25 the amount from line 18	19	20		
20 21	Section 1202 exclusion. Enter as a positive numb Subtract line 20 from line 19. If zero or less, enter -0-	ber	20	-	
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	22	-		
23	If line 21 is more than line 22, enter the difference; otherwise, enter -0-	23			
24	If line 22 is more than line 21, enter the difference; otherwise, enter -0				
25	Subtract line 23 from line 18. If zero or less, enter -0				
26	Net operating loss deduction for losses from other years. Enter as a positive				
	number				
27				27	
28	Net operating loss. Combine lines 3 and 27. If t page 1, line 1a. If the result is zero or more, you				

Schedule B—Net Operating Loss Carryover. See the instructions beginning on page 4.

Complete one column before going to the 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 from Form 1045, line 11, on page 1			
2	Taxable income from tax return (or as previously adjusted) before 1998 NOL carryback. See page 5 of the instructions			
3	Net capital loss deduction. See page 5 of the instructions			
4	Adjustments to adjusted gross income. See page 5 of the instructions			
5	Adjustment to itemized deductions. See page 5 of the 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 page 5 of the instructions			
	Adjustment to Itemized Deductions (Individuals Only)			
	Complete lines 9 through 33 ONLY for the carryback year(s) for which you itemized deductions.			
9	Adjusted gross income per return (or as previously adjusted) before 1998 NOL carryback			
10 11	Add lines 3 and 4 above			
12	Medical expenses from Sch. A (Form 1040), line 1 (line 2 for 1988-89) (or as previously adjusted)			
13 14	Multiply line 11 by 7.5% (.075) Subtract line 13 from line 12. If zero			
15	or less, enter -0			
16	Subtract line 14 from line 15			

Schedule B-Net Operating Loss Carryover (Continued)

Complete one column before going to the next column.		(a) 3rd preceding tax year ended ►	(b) 2nd preceding tax year ended ►	(c) 1st preceding tax year ended ►	
17	Modified adjusted gross income from line 11 on page 3.				
18	Enter as a positive number any NOL carryback from a year before 1998 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 page 5 of the instructions .				
21 22	Charitable contributions from Sch. A (Form 1040), line 18 (line 17 for 1988-90, line 16 for 1991-93) (or as previously adjusted)				
23	Casualty and theft losses from Form 4684, line 16 (or as previously adjusted)				
24	Multiply line 17 by 10% (.10)				
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				
27	adjusted)				
28	Miscellaneous itemized deductions from Sch. A (Form 1040), line 23 (line 22 for 1988-90, line 21 for 1991-93)				
	(or as previously adjusted)				
29	Multiply line 17 by 2% (.02)				
30	Subtract line 29 from line 28. If zero or less, enter -0-				
31	Miscellaneous itemized deductions from Sch. A (Form 1040), line 26 (line 24 for 1988-89 and 1991-93, line 25 for 1990) (or as previously adjusted).				
32	Subtract line 30 from line 31				
33	Complete the worksheet on page 6 of the instructions if line 17 is more than :				
	 \$100,000 for 1991 (\$50,000 if married filing separately); \$105,250 for 1992 (\$52,625 if 				
	married filing separately); • \$108,450 for 1993 (\$54,225 if				
	married filing separately); • \$111,800 for 1994 (\$55,900 if				
	married filing separately);				
	 \$114,700 for 1995 (\$57,350 if married filing separately); 				
	• \$117,950 for 1996 (\$58,975 if				
	married filing separately); or • \$121,200 for 1997 (\$60,600 if				
	married filing separately).				
	Otherwise, combine lines 16, 22, 27, and 32; enter the result here and on line 5 (page 3)				
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