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

1996

Please type or print	Name (and name of spouse if filing jointly)					Social securit	y or empi	oyer iden	tification n	umber	
ō	Number, street, and apt. or suite no. If you h	eet, and apt. or suite no. If you have a P.O. box or a foreign address, see the instructions. Spou						Spouse's social security number			
ξ		George Constitution in your near out it is a sound at a locality in additional, one with its additional in the constitution in your near our interest of the con									
ase	City, town or post office, state, and ZIP code	oost office, state, and ZIP code Telep					Felephone no. (optional)				
윤						()					
		а	Net operating los	ss (from Schedule	A, page 2, line 25)	b Unused g	jeneral bu	siness cr	edit		
1	This application is filed to carry back:		\$	\$							
2a	For the calendar year 1996, or other tax year					b Date tax	return wa:	s filed			
	beginning , 1996, ending	, 19 .									
3	If this application is for an unused	crec	lit created by a	another carryb	ack, give year o	of the first car	rryback	▶			
4		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)										
5	If social security number for carryback										
6	If you changed your accounting per Have you filed a petition in Tax Co										
7 8	Does this carryback include a loss									⊒ No	
9	If you are carrying back a net of								103 _	_ 110	
•	release of other credits because of	the	release of the	foreign tax cr	edit? See instru	uctions		[Yes [□No	
	Computation of Decrease in 1		3rd preceding tage year ended ▶		2nd preceding tax year ended ►			1st preceding tax year ended ►			
	Note: If 1a is blank, skip lines 10 through		(a) Before	(b) After	(c) Before	(d) After	(e) B		(f) Af	ter	
	Note. Il Ta is bialik, skip ililes To tillougi	1 10.	carryback	carryback	carryback	carryback	carry	back	carryb	ack	
10	Adjusted gross income from tax returner as proviously adjusted										
11	or as previously adjusted										
11	Net operating loss deduction after carryback. See instructions										
12	Subtract line 11 from line 10										
13	Deductions. See instructions										
14	Subtract line 13 from line 12										
15	Exemptions										
16	Taxable income. Line 14 minus line 1	5									
17	Income tax. See instructions—attac	:h									
	explanation										
18	General business credit										
19	Other credits. Identify										
20	Total credits. Add lines 18 and 19										
21	Subtract line 20 from line 17	•									
22 23	Recapture taxes	•									
24	Self-employment tax										
25	Other taxes										
26	Total tax liability. Add lines 21 through 2										
27	Enter amount from line 26, cols. (b										
	(d), and (f)										
28	Decrease in tax. Line 26 minus line 2				1211(1)(1)						
29	Overpayment of tax due to a claim		•			•					
Sign Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the be knowledge and belief, they are true, correct, and complete.							to the bes	t of my			
Hei	Your signature		•					Date			
	a copy of application										
	our records. Spouse's signature (if Form	1045	is filed jointly, BOT	ΓΗ must sign)				Date			
	<u> </u>										
Prep	parer Other Name ►							Date			
	n Taxpayer Address ▶										

Cat. No. 10670A

Form 1045 (1996) Page **2**

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

1	Adjusted gross income from 1996 Form 1040, line	32. Estates and trusts,	skip lines 1 and 2	1	
2	Deductions (individuals only):	1	1		
а	Enter amount from your 1996 Form 1040, line 34		2a		
b	Enter your deduction for exemptions from 1996 Fo	rm 1040, line 36 . . .	2b		,
С	Add lines 2a and 2b			2c	()
3	Combine lines 1 and 2c. Estates and trusts, enter			3	
	Note: If line 3 is zero or more, do not complete rest of	f schedule. You do not ha	ave a net operating loss.		
	Adjustments:	ı	I		
4	Deduction for exemptions from line 2b above. Es exemption amount from tax return		4		
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-	7			
8	If line 6 is more than line 5, enter difference;				
	otherwise, enter -0	8			
9	Nonbusiness deductions. See instructions	9			
10	Nonbusiness income other than capital gains.				
		10			
11	7.444 miles 6 dila 10	11			
12	If line 9 is more than line 11, enter difference; other	rwise, enter -0	12		
13	If line 11 is more than line 9, enter difference;	12			
		13			
14	Total business capital losses before limitation. Enter	14			
15		15			
15	Total Susmoss suprial gams	16			
16		10	•		
17	If line 14 is more than line 16, enter difference; otherwise, enter -0-	17			
18	5.1.10.11.10.07 5.11.01. 5	18	•		
	And miles / directify the first transfer for				
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				
		19			
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	20			
	positive number	20			
21		21	22		
22	Subtract line 21 from line 18. If zero or less, enter		22		
23	Net operating loss deduction for losses from other years to a	•	22		
24	number		23	24	
24	Add lines 4, 12, 22, and 23			24	
25	Net operating loss. Combine lines 3 and 24. If the here and on page 1, line 1a. If the combined am				
	onerating loss	ount is zero ur mure, y	ou do not nave a net	25	

Form 1045 (1996) Page **3**

	nodulo R. Not Operating Loss Care	ryovar Saa 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	your oridon	year ended 7	year ended i	
2	Taxable income from tax return (or as previously adjusted) before 1996 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, 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.				
9	Adjusted gross income per return (or as previously adjusted) before 1996 NOL carryback				
10	Add lines 3 and 4 above				
11	Modified adjusted gross income. Add lines 9 and 10				
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	Medical expenses from Sch. A (Form				
16	1040), line 4 (or as previously adjusted) Subtract line 14 from line 15				

Form 1045 (1996) Page **4**

<u>Sch</u>	edule B—Net Operating Loss Cari	r <mark>yover</mark> (Cont	inued)				
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						
18	Enter as a positive number any NOL carryback from a year before 1996 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 Sch. A)						
22	Subtract line 20 from line 21						
23	Casualty and theft losses from Form 4684, line 16						
24	Multiply line 11 by .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 adjusted)						
27	Subtract line 25 from line 26						
28	Miscellaneous itemized deductions from Sch. A (Form 1040), line 23 (line 21 of 1993 Sch. A)						
29	Multiply line 11 by .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 of 1993 Sch. A) (or as previously adjusted)						
32	Subtract line 30 from line 31						
33	Combine lines 16, 22, 27, and 32. If line 11 is more than \$108,450 for 1993 (\$54,225 if married filing separately), more than \$111,800 for 1994 (\$55,900 if married filing separately), or more than \$114,700 for 1995 (\$57,350 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)						