Application for Tentative Refund

▶ Before you fill out 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

Department of the Treasury Internal Revenue Service

prin	Name				Social security	Social security or employer identification number			
Please type or print	umber, street, and apt. or suite no. (If you have a P.O. box or a foreign address, see the instructions.)				Spouse's soc	Spouse's social security number			
ξĘ						<u> </u>			
ease	City, town or post office, state, and ZIP code				Telephone no.	(optiona	I)		
₫					()				
	This could attend to Clark to come head.	a Net operating loss (f	rom Schedule	A, page 2, line 25)	b Unused go	eneral bu	siness cre	edit	
1	This application is filed to carry back:	\$	h D-4- 4-		\$				
2a	For the calendar year 1991, or other tax year	10	b Date ta	x return was filed	c Service ce	enter wne	re tax ret	urn was nied	
	beginning , 1991, ending	, 19			C 11 C 1				
3	If this application is for an unused cr	•	-			-			
4	If you filed a joint return (or separate years of the joint or separate returns								
5	If social security number for carryback ye								
6	If you changed your accounting period								
7	Have you filed a petition in Tax Cour	t for the year(s) to v	which the ca	arryback is to b	e applied? .		\square	Yes □ No	
8	Does this carryback include a loss of	r credit from a tax s	shelter requi	red to be regis	tered?		🗆	Yes No	
	Computation of	3rd preceding tax year ended ►	2nd preceding ta year ended ►				receding tax ended ►		
	Decrease in Tax	(a) Before	(b) After	(c) Before	(d) After	(e) B	efore	(f) After	
	Note: If 1a is blank, skip lines 9 through 15.	carryback	carryback	carryback	carryback	carry	back	carryback	
9	Adjusted gross income from tax return								
	or as previously adjusted	V/////////////////////////////////////							
10	Net operating loss deduction after carryback (see instructions)								
11	Subtract line 10 from line 9					<u> </u>			
12	Deductions (see instructions)								
13	Subtract line 12 from line 11								
14	Exemptions								
15	Taxable income (subtract line 14 from	I I							
	line 13)								
16	Income tax (see instructions—attach								
	computation)								
17	General business credit								
18 10	Other credits (identify)								
19 20	Total credits (add lines 17 and 18) . Subtract line 19 from line 16								
20 21	Recapture taxes								
22	Alternative minimum tax								
 23	Self-employment tax								
24	Other taxes								
25	Total tax liability (add lines 20 through 24)								
26	Enter amount from line 25, cols. (b),								
	(d), and (f)								
27	Decrease in tax (subtract line 26 from								
28	Overpayment of tax due to a claim of	of right adjustment i	ınder sectic		attach comput	ation			
							nts. and	to the best of my	
Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of knowledge and belief, they are true, correct, and complete. Vous signature									
	Your signature a copy of						Date		
this a	pplication								
tor yo	our records. Spouse's signature (if Form 104	45 is filed jointly, BOTH r	nust sign)				Date		
	y								
	parer Other Name ► 1 Taxpayer Address ►						Date		
ıııal	n Taxpayer Address ▶								

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

1	Adjusted gross income from 1991 Form 1040, line	e 32. Estates and trusts,	skip lines 1 and 2	1
2	Deductions (individuals only):			
а	Enter amount from your 1991 Form 1040, line 34		2a	
b	Multiply \$2,150 by the total number of exemptions on you	r 1991 Form 1040, line 6e .	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	•		
	Adjustments:			
4	Exemptions from line 2b above. Estates and trust your tax return	•	4	
5	Nonbusiness capital losses (enter as a positive			
	number)	5		
6	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		
	(see instructions)	10		
11	Add lines 8 and 10		12	
12	If line 9 is more than line 11, enter difference; oth	erwise, enter -0-	/////	
13	If line 11 is more than line 9, enter difference (but	13		
	do not enter more than line 8); otherwise, enter -0-	14		
14 15	Business capital losses (enter as a positive number).	15		
15 14	Business capital gains	16		
16	Add lines 13 and 15			
17	If line 14 is more than line 16, enter difference;	17		
18	otherwise, enter -0	18		
10	Add lines / did i/			
19	Enter the loss, if any, from line 17 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.)	19		
20	Enter the loss from line 18 of Schedule D (Form			
20	1040). (Estates and trusts, enter the loss from			
	line 18 of Schedule D (Form 1041).) Enter as a			
	positive number	20		
21	Subtract line 20 from line 19	21		
22	Subtract line 21 from line 18		22	
23	Net operating loss deduction for losses from other	years (enter as a positive		
	number)		23	<i></i>
24	Add lines 4, 12, 22, and 23			24
25	Net Operating Loss.— Combine lines 3 and 24.	If the combined amount	is less than zero, enter	
	it here and on page 1, line 1a. Note: If the combi	ined amount is zero or m	ore, you do not have a	
	net operating loss			25

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Schedule B—Net Operating Loss Carryover (See instructions.)

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. 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 1991 NOL carryback				
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 personal exemptions. (Estates and trusts, enter your 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. Enter amounts from line 8, columns (a) and (b), on line 1, columns (b) and (c), respectively. Carry forward to 1992 the amount on line 8, column (c)				
	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 1991 NOL carryback				
10 11	Add lines 3 and 4 above				
12	Medical expenses from Sch. A (Form 1040), line 2 (line 1 of 1990 Sch. A (Form 1040))				
13 14	Multiply line 11 by .075 Subtract line 13 from line 12 (if zero or less, enter -0-)				
15	Medical expenses from Sch. A (Form 1040), line 4 (or as previously adjusted)				
16 17	Subtract line 14 from line 15 Modified adjusted gross income from line 11 above				

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Schedule B—Net Operating Loss Carryover (Cont.)

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 ►	
18	Enter as a positive number any NOL carryback from a year before 1991 that was deducted in figuring line 9 above				
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 17				
22	Subtract line 20 from line 21	\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		X/////////////////////////////////////	
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	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
28	Miscellaneous itemized deductions from Sch. A (Form 1040), line 22 .				
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 24 (line 25 of 1990 Sch. A (Form 1040)) (or as previously adjusted)				
32 33	Subtract line 30 from line 31 Combine lines 16, 22, 27, and 32. Enter here and on line 5 above				