

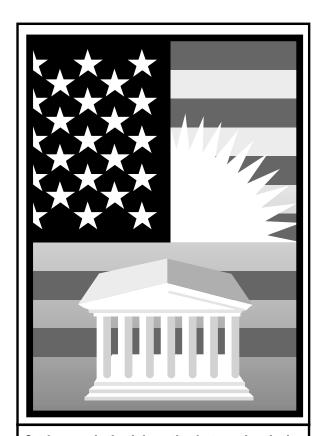
Department of the Treasury

Internal Revenue Service Publication 536

# Net Operating Losses

- Trade or Business
- Employee Business Expenses
- Casualty and Theft

For use in preparing 1999 Returns



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# Important Change for 1999

Photographs of missing children. The Internal Revenue Service is a proud partner with the National Center for Missing and Exploited Children. Photographs of missing children selected by the Center may appear in this publication on pages that would otherwise be blank. You can help bring these children home by looking at the photographs and calling 1–800–THE-LOST (1–800–843–5678) if you recognize a child.

### Introduction

If your deductions for the year are more than your income for the year, you may have a net operating loss (NOL). You can use an NOL by deducting it from your income in another year or years. This publication discusses NOLs for individuals, estates, and trusts. It explains how to figure an NOL, when to use it, how to claim an NOL deduction, and how to figure an NOL carryover.

To have an NOL, your loss must be caused by one of the following kinds of deductions.

- From a trade or business.
- From your work as an employee.
- For casualty and theft losses.

A loss from operating a business is the most common reason for an NOL.

Partnerships and S corporations generally cannot use an NOL. But partners or shareholders can use their separate shares of the partnership's or S corporation's business income and business deductions to figure their individual NOLs.

What is not covered in this publication. The following topics are not covered in this publication.

- Bankruptcies. See Publication 908, Bankruptcy Tax Guide.
- NOLs of Corporations. See Publication 542, Corporations.
- Specified liability losses. See the Form 1045 instructions.

### **Useful Items**

You may want to see:

### Form (and Instructions)

- □ **1040X** Amended U.S. Individual Income Tax Return
- □ **1045** Application for Tentative Refund

See *How To Get More Information* near the end of this publication for information about getting these forms.

### **NOL Steps**

Figure and use your NOL in the following steps:

**Step 1.** Complete your tax return for the year. You may have an NOL if a negative figure appears on the line below:

Individuals — line 37 of Form 1040.

Estates and trusts — line 22 of Form 1041.

If the amount on that line is zero or more, **stop here** — you do not have an NOL.

**Step 2.** Determine whether you have an NOL and its amount. See *How To Figure an NOL*, later. If you do not have an NOL, *stop here*.

**Step 3.** Decide whether to carry the NOL back to a past year or to choose to waive the carryback period and instead carry the NOL forward to a future year. See *When To Use an NOL*, later.

**Step 4.** Deduct the NOL in the carryback or carryforward year. See *How To Claim an NOL Deduction*, later. If your NOL deduction is equal to or smaller than your taxable income without the deduction, *stop here* — you have used up your NOL.

**Step 5.** Determine the amount of your unused NOL. See *How To Figure an NOL Carryover*, later. Carry over the unused NOL to the next carryback or carryforward year and begin again at Step 4.

**Note.** If your NOL deduction includes more than one NOL amount, apply Step 5 separately to each NOL amount, starting with the amount from the earliest year.

### How To Figure an NOL

If your deductions for the year are more than your income for the year, you have a potential NOL.

There are rules that limit what you can deduct when figuring an NOL. In general, you cannot deduct the following items.

- 1) Personal exemptions.
- 2) Capital losses in excess of capital gains.
- The section 1202 exclusion of 50% of the gain from the sale or exchange of qualified small business stock.
- Nonbusiness deductions in excess of nonbusiness income.
- 5) Net operating loss deduction.

**Schedule A (Form 1045).** Use Schedule A (Form 1045) to figure an NOL. This discussion explains Schedule A and includes an illustrated example.

First, complete lines 1–3 of Schedule A, using amounts from your return. If line 3 is a negative amount, you have a net loss and a potential NOL.

Next, complete the rest of Schedule A to figure your NOL. Adjust the amount on line 3 for deductions that are allowed when figuring your taxable income, but not when figuring an NOL. The following discussions explain these adjustments.

Adjustment for exemptions (line 4). You cannot deduct your personal exemption or your exemptions for dependents. An estate or trust cannot deduct its exemption amount. Your adjustment is the total amount you deducted for exemptions.

Adjustment for nonbusiness deductions (line 12). You can deduct your nonbusiness deductions (line 9) only up to the total of:

- Your nonbusiness capital gains that are more than your nonbusiness capital losses (not including any section 1202 exclusion shown as a loss on Schedule D of Form 1040)(line 8), and
- 2) Your nonbusiness income (line 10).

Your adjustment is your nonbusiness deductions that are more than the total of (1) and (2).

Nonbusiness deductions (line 9). Enter on line 9 as your nonbusiness deductions only those that are not related to your trade or business or your employment. For example, enter your deductions for alimony, contributions to an IRA or other self-employed retirement plan, medical expenses, taxes, interest, and charitable contributions. If you do not itemize deductions, include your standard deduction.

Do **not** include your deduction for casualty and theft losses, your deduction for one-half of your self-employment tax, or your deduction for self-employed health insurance. Treat these items as business deductions.

Also, do not include your deductions for expenses that are ordinary and necessary in carrying on your trade or business or your employment, or related deductions for the following items.

- Employee business expenses, such as, union dues, uniforms, tools, education expenses, and travel and transportation expenses.
- 2) Your share of a business loss from a partnership or an S corporation.
- 3) Moving expenses.
- 4) State income tax on business profits.
- Interest and litigation expenses on state and federal income taxes related to your business income.

- Payments by a federal employee to buy back sick leave used in an earlier year.
- 7) Loss on property you rent out.
- Loss on the sale or exchange of business real estate or depreciable business property.
- Loss on the sale of accounts receivable (if you use an accrual method of accounting).
- Loss on the sale or exchange of stock in a small business corporation or a small business investment company, if treated as ordinary loss.
- Unrecovered investment in a pension or annuity claimed on a decedent's final return.

Nonbusiness income (line 10). Enter on line 10 only income that is not related to your trade or business or your employment. For example, enter your annuity income, dividends, and interest from investments. Also, include your share of nonbusiness income from partnerships and S corporations.

Do **not** include the income you receive from your trade or business or your employment. This includes salaries and wages, self-employment income, and your share of business income from partnerships and S corporations. Also, do not include rental income or ordinary gain from the sale or other disposition of business real estate or depreciable business property.

Adjustment for section 1202 exclusion (line 20). Enter on line 20 any gain you excluded on the sale or exchange of qualified small business stock.

Adjustments for capital losses (lines 24 and 25). You can deduct your nonbusiness capital losses (line 5) only up to the amount of your nonbusiness capital gains (line 6), without regard to any section 1202 exclusion. If your nonbusiness capital losses are more than your nonbusiness capital gains, you cannot deduct the excess.

You can deduct your business capital losses (line 14) only up to the total of:

- Your nonbusiness capital gains that are more than the total of your nonbusiness capital losses and excess nonbusiness deductions (line 13), and
- Your total business capital gains (line 15), without regard to any section 1202 exclusion.

The adjustment on line 24 is your capital loss deduction (line 22) that is more than your net capital loss without regard to any section 1202 exclusion (line 21).

Your adjustment on line 25 is your non-deductible capital losses (line 18) that are more than the nondeductible net capital loss on your return (line 23), without regard to any section 1202 exclusion claimed on Schedule D. (You had a nondeductible net capital loss if your net capital loss was more than your capital loss deduction.)

Adjustment for NOL deduction (line 26). You cannot deduct any NOL carryovers or carrybacks from other years. Your adjustment is the total amount of your NOL deduction for losses from other years.

# Illustrated Schedule A (Form 1045)

The following example illustrates how to figure an NOL. It includes filled in pages 1 and 2 of Form 1040 and Schedule A (Form 1045).

**Example.** Glenn Johnson is in the retail record business. He is single and has the following income and deductions on his Form 1040 for 1999.

### INCOME

| Interest on savings  Net long-term capital gain on        | 425               |
|-----------------------------------------------------------|-------------------|
| estate used in business                                   |                   |
| Glenn's total income                                      | <u>\$3,650</u>    |
| DEDUCTIONS                                                |                   |
| Net loss from business (gross                             |                   |
| \$67,000 minus expenses of \$ Net short-term capital loss | \$72,000) \$5,000 |
| on sale of stock                                          | 1.000             |

Glenn's deductions exceed his income by \$9,400 (\$13,050 - \$3,650). However, to fig-

Glenn's total deductions

 Standard deduction
 4,300

 Personal exemption
 2,750

ure whether he has an NOL, he must modify certain deductions. He uses Schedule A (Form 1045) to figure his NOL. See the illustrated Schedule A (Form 1045) included later.

Glenn cannot deduct the following items on Schedule A (Form 1045).

| Nonbusiness net short-term capital loss | \$1,000        |
|-----------------------------------------|----------------|
| Nonbusiness deductions                  |                |
| (standard deduction, \$4,300) minus     |                |
| nonbusiness income (interest, \$425)    | 3,875          |
| Personal exemption                      | 2,750          |
| Total adjustments to net loss           | <b>\$7,625</b> |

When these items are eliminated, Glenn's net loss is reduced to \$1,775 (\$9,400 - \$7,625). This is his NOL for 1999.

| <b>1040</b>                                  |           | rtment of the Treasury—Internal Revenue  I. Individual Income Tax Re             |                                          | IRS Use                     | Onlv—Do no                    | ot write or   | staple in this space.               |          |
|----------------------------------------------|-----------|----------------------------------------------------------------------------------|------------------------------------------|-----------------------------|-------------------------------|---------------|-------------------------------------|----------|
|                                              |           | ne year Jan. 1-Dec. 31, 1999, or other tax ye                                    |                                          | , 1999, ending              | <u> </u>                      | ,             | OMB No. 154                         | 5-0074   |
| Label (                                      | You       | ır first name and initial                                                        | Last name                                |                             | ```                           | Your s        | ocial security num                  | ber      |
| (See L                                       |           | Glenn M.                                                                         | Johnson                                  |                             |                               |               | 55   00   432                       |          |
| on page 18.) B                               | lf a      | joint return, spouse's first name and initial                                    | Last name                                |                             |                               | Spous         | e's social security r               | number   |
| Use the IRS Label.                           | Но        | me address (number and street). If you have                                      | a P.O. box, see page 18.                 | Apt. no                     | р.                            | _             | IMPORTANT!                          | <b>A</b> |
| Otherwise, E                                 |           | 5603 E. Main Street                                                              |                                          |                             |                               | _             | ou <b>must</b> enter                |          |
| please print or type.                        |           | , town or post office, state, and ZIP code. I                                    | f you have a foreign address             | s, see page 18.             |                               | y             | our SSN(s) above                    | €.       |
| Presidential                                 |           | Anytown, VA 20000                                                                |                                          |                             |                               | Yes           | Note. Check<br>"Yes" will no        |          |
| Election Campaig<br>(See page 18.)           | ın 🕨      | Do you want \$3 to go to this fund? . If a joint return, does your spouse wa     |                                          |                             |                               |               | change your                         | tax or   |
| <u>(                                    </u> | 1         | Single                                                                           | · <u>J</u>                               |                             |                               |               | <b>.</b>                            |          |
| Filing Status                                | 2         | Married filing joint return (ever                                                | n if only one had income)                | )                           |                               |               |                                     |          |
|                                              | 3         | Married filing separate return. Enter                                            | er spouse's social security n            | o. above and full na        | me here.                      | <b>-</b>      |                                     |          |
| Check only                                   | 4         | Head of household (with qualif                                                   | ying person). (See page 18               | 8.) If the qualifying       | person is                     | a child       | but not your depe                   | endent,  |
| one box.                                     | 5         | enter this child's name here. I                                                  | andant shild (year spayer                | o diad <b>&gt;</b> 10       | ). (See ı                     | 2000 1        | 2.)                                 |          |
|                                              |           | Qualifying widow(er) with dep  Vourself. If your parent (or some                 |                                          |                             |                               |               | ,                                   |          |
| Exemptions                                   | 6a        | _ , ,                                                                            | ox 6a                                    | •                           |                               | lax           | No. of boxes<br>checked on          | 1        |
|                                              | b         | Spouse                                                                           |                                          |                             |                               | . ]           | 6a and 6b<br>No. of your            |          |
|                                              | С         | Dependents:                                                                      | (2) Dependent's                          | (3) Dependent's             | (4) √ if qua<br>child for chi |               | children on 6c                      |          |
|                                              |           | (1) First name Last name                                                         | social security number                   | relationship to<br>you      | credit (see pa                |               | who:  lived with you                |          |
| If many than alv                             |           |                                                                                  |                                          |                             |                               |               | did not live with                   |          |
| If more than six dependents,                 |           |                                                                                  |                                          |                             |                               |               | you due to divorce<br>or separation |          |
| see page 19.                                 |           |                                                                                  |                                          |                             |                               |               | (see page 19)                       |          |
|                                              |           |                                                                                  |                                          |                             |                               |               | Dependents on 6c not entered above  |          |
|                                              |           |                                                                                  |                                          |                             |                               |               | Add numbers                         |          |
|                                              | d         | Total number of exemptions claimed                                               |                                          |                             | <u> </u>                      | <del></del> . | entered on lines above ▶            | 1        |
| _                                            | 7         | Wages, salaries, tips, etc. Attach Forr                                          |                                          |                             |                               | 7             | 1,225                               |          |
| Income                                       | 8a        | Taxable interest. Attach Schedule B i                                            | if required                              |                             |                               | 8a            | 425                                 |          |
| Attach                                       | b         | Tax-exempt interest. DO NOT include                                              | e on line 8a                             | Bb                          |                               |               |                                     |          |
| Copy B of your Forms W-2 and                 | 9         | Ordinary dividends. Attach Schedule                                              | •                                        |                             |                               | 9             |                                     |          |
| W-2G here.                                   | 10        | Taxable refunds, credits, or offsets of                                          |                                          |                             | •                             | 10            |                                     |          |
| Also attach<br>Form(s) 1099-R                | 11        | 3                                                                                |                                          |                             |                               | 12            | < 5.000 >                           |          |
| if tax was                                   | 12<br>13  | Business income or (loss). Attach Sch<br>Capital gain or (loss). Attach Schedule |                                          |                             |                               | 13            | 1,000                               | *        |
| withheld.                                    | 14        | Other gains or (losses). Attach Form                                             | e D'il Tequilea. Il Not Tequ<br>1797     | · · · · · ·                 |                               | 14            | ,                                   |          |
| If you did not                               | 15a       | Total IRA distributions . 15a                                                    |                                          | xable amount (see p         |                               | 15b           |                                     |          |
| get a W-2,                                   | 16a       | Total pensions and annuities 16a                                                 |                                          | xable amount (see p         |                               | 16b           |                                     |          |
| see page 20.                                 | 17        | Rental real estate, royalties, partnership                                       | ips, S corporations, trusts              | s, etc. Attach Sch          | edule E                       | 17            |                                     |          |
| Enclose, but do                              | 18        | Farm income or (loss). Attach Schedu                                             | ıle F                                    |                             |                               | 18            |                                     |          |
| not staple, any payment. Also,               | 19        |                                                                                  |                                          |                             |                               | 19            |                                     |          |
| please use                                   | 20a       | Social security benefits . 20a                                                   |                                          | xable amount (see p         | 0 ,                           | 20b<br>21     |                                     |          |
| Form 1040-V.                                 | 21<br>22  | Other income. List type and amount (<br>Add the amounts in the far right column  | see page 24)n for lines 7 through 21. Th | nis is vour <b>total in</b> | come ►                        | 22            | < 2,350 >                           |          |
|                                              | 23        | IRA deduction (see page 26)                                                      |                                          | 23                          |                               |               | ·                                   |          |
| Adjusted                                     | 24        | Student loan interest deduction (see                                             | _                                        | 24                          |                               |               |                                     |          |
| Gross                                        | 25        | Medical savings account deduction.                                               | · • · ·   _                              | 25                          |                               |               |                                     |          |
| Income                                       | 26        | Moving expenses. Attach Form 3903                                                |                                          | 26                          |                               |               |                                     |          |
|                                              | 27        | One-half of self-employment tax. Atta                                            | ion denegate de .                        | 27                          |                               |               |                                     |          |
|                                              | 28        | Self-employed health insurance dedu                                              | ottori (see page 20)                     | 28                          | _                             |               |                                     |          |
|                                              | 29        | Keogh and self-employed SEP and S                                                | IIVII EE PIGITS                          | 29                          |                               |               |                                     |          |
|                                              | 30        | Penalty on early withdrawal of savings                                           | 3 · · · · · · · ·                        | 1a                          |                               |               |                                     |          |
|                                              | 31a<br>32 | Alimony paid <b>b</b> Recipient's SSN ►<br>Add lines 23 through 31a              |                                          | '                           |                               | 32            |                                     |          |
|                                              | 33        | Subtract line 32 from line 22. This is y                                         |                                          |                             |                               | 33            | < 2,350 >                           |          |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 54.

Cat. No. 11320B

Form **1040** (1999)

| Form 1040 (1999)          |           |                                                                                                                                                                                           |           | P                     | Page 2  |
|---------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------|
|                           | 34        | Amount from line 33 (adjusted gross income)                                                                                                                                               | 34        | < 2,350 >             |         |
| Tax and                   | 35a       | Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.                                                                                                                     |           |                       |         |
| Credits                   |           | Add the number of boxes checked above and enter the total here ▶ 35a                                                                                                                      |           |                       |         |
|                           | b         | If you are married filing separately and your spouse itemizes deductions or                                                                                                               |           |                       |         |
| Standard                  | l<br>or   | you were a dual-status alien, see page 30 and check here ▶ 35b                                                                                                                            |           |                       |         |
| Deduction<br>for Most     | <b>36</b> | Enter your <b>itemized deductions</b> from Schedule A, line 28, <b>OR standard deduction</b> shown on the left. <b>But</b> see page 30 to find your standard deduction if you checked any |           |                       |         |
| People                    |           | box on line 35a or 35b <b>or</b> if someone can claim you as a dependent                                                                                                                  | 36        | 4,300                 |         |
| Single:                   | 37        | Subtract line 36 from line 34                                                                                                                                                             | 37        | < 6,650 >             |         |
| \$4,300                   | 38        | If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on                                                                                             |           |                       |         |
| Head of household:        |           | line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter .                                                                                              | 38        | 2,750                 |         |
| \$6,350                   | 39        | Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-                                                                                                 | 39        | -0-                   |         |
| Married filing jointly or | 40        | Tax (see page 31). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 ▶                                                                                                              | 40        |                       |         |
| Qualifying                | 41        | Credit for child and dependent care expenses. Attach Form 2441                                                                                                                            | -         |                       |         |
| widow(er):<br>\$7,200     | 42        | Credit for the elderly or the disabled. Attach Schedule R 42                                                                                                                              | -         |                       |         |
| Married                   | 43        | Child tax credit (see page 33)                                                                                                                                                            | -         |                       |         |
| filing                    | 44        | Education credits. Attach Form 8863                                                                                                                                                       | -         |                       |         |
| separately:<br>\$3,600    | 45        | Adoption credit. Attach Form 8839                                                                                                                                                         | -         |                       |         |
|                           | 46        | Foreign tax credit. Attach Form 1116 if required 46                                                                                                                                       | -         |                       |         |
|                           | 47        | Other. Check if from a $\square$ Form 3800 b $\square$ Form 8396                                                                                                                          |           |                       |         |
|                           |           | c Form 8801 d Form (specify) 47                                                                                                                                                           | 40        |                       |         |
|                           | 48<br>49  | Add lines 41 through 47. These are your total credits                                                                                                                                     | 48        |                       |         |
|                           |           | Subtract line 48 from line 40. If line 48 is more than line 40, enter -0                                                                                                                  | 50        |                       |         |
| Other                     | 50        | Self-employment tax. Attach Schedule SE                                                                                                                                                   | 51        |                       |         |
| Taxes                     | 51        | Alternative minimum tax. Attach Form 6251                                                                                                                                                 | 52        |                       |         |
|                           | 52<br>52  | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137  Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required                    | 53        |                       |         |
|                           | 53<br>54  | Advance earned income credit payments from Form(s) W-2                                                                                                                                    | 54        |                       |         |
|                           | 55        | Household employment taxes. Attach Schedule H                                                                                                                                             | 55        |                       |         |
|                           | 56        | Add lines 49 through 55. This is your <b>total tax</b>                                                                                                                                    | 56        | -                     |         |
| Payments                  | 57        | Federal income tax withheld from Forms W-2 and 1099 57                                                                                                                                    |           |                       |         |
| i ajinonis                | 58        | 1999 estimated tax payments and amount applied from 1998 return . 58                                                                                                                      |           |                       |         |
|                           | 59a       | Earned income credit. Attach Sch. EIC if you have a qualifying child                                                                                                                      |           |                       |         |
|                           | b         | Nontaxable earned income: amount                                                                                                                                                          |           |                       |         |
|                           |           | and type ▶ 59a                                                                                                                                                                            |           |                       |         |
|                           | 60        | Additional child tax credit. Attach Form 8812 60                                                                                                                                          |           |                       |         |
|                           | 61        | Amount paid with request for extension to file (see page 48) 61                                                                                                                           |           |                       |         |
|                           | 62        | Excess social security and RRTA tax withheld (see page 48) 62                                                                                                                             |           |                       |         |
|                           | 63        | Other payments. Check if from a Form 2439 b Form 4136                                                                                                                                     |           |                       |         |
|                           | 64        | Add lines 57, 58, 59a, and 60 through 63. These are your <b>total payments</b>                                                                                                            | 64        |                       |         |
| Refund                    | 65        | If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you <b>OVERPAID</b>                                                                                    | 65        |                       |         |
| Have it                   | 66a       | Amount of line 65 you want <b>REFUNDED TO YOU</b>                                                                                                                                         | 66a       |                       |         |
| directly                  |           |                                                                                                                                                                                           |           |                       |         |
| deposited! See page 48    | ► b       | Routing number                                                                                                                                                                            |           |                       |         |
| and fill in 66b,          | ► d       | Account number                                                                                                                                                                            |           |                       |         |
| 66c, and 66d.             | 67        | Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX ► 67                                                                                                                        | -         |                       |         |
| Amount                    | 68        | If line 56 is more than line 64, subtract line 64 from line 56. This is the <b>AMOUNT YOU OWE</b> .                                                                                       | /0        |                       |         |
| You Owe                   | 69        | For details on how to pay, see page 49                                                                                                                                                    | 68        |                       |         |
| Sign                      |           | r penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, at                                                                          | nd to the | e best of my knowled  | dge and |
| Here                      | belief    | they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of                                                                        | which p   | preparer has any know | wledge  |
| Joint return?             | ,         | Your signature Date Your occupation                                                                                                                                                       | ĺ         | Daytime telephone     |         |
| See page 18.              |           | Glenn M. Johnson 2-5-2000 Self-employed                                                                                                                                                   |           | number (optional) ( ) |         |
| Keep a copy               |           | Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occupation                                                                                                           |           |                       |         |
| for your records.         |           |                                                                                                                                                                                           |           |                       |         |
| Paid                      | Prepa     | rer's Date Check if                                                                                                                                                                       | Prepa     | arer's SSN or PTIN    |         |
|                           | signa     | ture self-employed                                                                                                                                                                        |           |                       |         |
| Preparer's                | Firm's    | s name (or yours employed) and                                                                                                                                                            | EIN       | i e                   |         |
| Use Only                  | addre     |                                                                                                                                                                                           | ZIP c     | code                  |         |

Form **1040** (1999)

Form 1045 (1999) Page **2** 

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

| 1   | Adjusted gross income from your 1999 Form 1040, line 34. Estates and trusts, skip lines 1 and 2                                                                                                                          | 1  | < 2,350 >            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------|
| 2   | Deductions (individuals only):  Enter the amount from your 1999 Form 1040 line 36.  2a 4,300                                                                                                                             |    |                      |
| a   | Enter the amount from your 1999 Form 1040, line 36                                                                                                                                                                       |    |                      |
| b   | Enter your deduction for exemptions norm your 1777 Form 1040, line 30 ; [===]                                                                                                                                            |    |                      |
| С   | Add lines 2a and 2b                                                                                                                                                                                                      | 2c | ( <sub>7,050</sub> ) |
| 3   | Combine lines 1 and 2c.                                                                                                                                                                                                  | 3  | < 9,400 >            |
| 3   | Estates and trusts, enter the taxable income from Form 1041, line 22.                                                                                                                                                    |    |                      |
|     | 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.                                                                                                                                                                             | 4  | 2,750                |
|     | Estates and trusts, enter the exemption amount from Form 1041, line 20.                                                                                                                                                  |    |                      |
| 5   | Total nonbusiness capital losses before limitation. Enter as a positive                                                                                                                                                  |    |                      |
|     | number                                                                                                                                                                                                                   | -  |                      |
| 6   | Total nonbusiness capital gains (without regard to any section 1202                                                                                                                                                      |    |                      |
|     | 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                                                                                                                                                                   | -  |                      |
| 10  | Nonbusiness income other than capital gains.  See page 4 of the instructions  10  425                                                                                                                                    |    |                      |
| 1   | See page 4 of the instructions                                                                                                                                                                                           |    |                      |
| 4.4 | Add lines 8 and 10 425                                                                                                                                                                                                   |    |                      |
| 11  | Add lines 8 and 10                                                                                                                                                                                                       |    |                      |
| 12  | If line 9 is more than line 11, enter the difference; otherwise, enter -0                                                                                                                                                | 12 | 3,875                |
| 13  |                                                                                                                                                                                                                          |    |                      |
| 13  | If line 11 is more than line 9, enter the difference; otherwise, enter -0 <b>But do not enter more</b>                                                                                                                   |    |                      |
|     | 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)                                                                                                                                                                                              |    |                      |
|     | 2000                                                                                                                                                                                                                     |    |                      |
| 16  | Add lines 13 and 15                                                                                                                                                                                                      | 1  |                      |
| 17  | If line 14 is more than line 16, enter the difference; otherwise, enter -0 17                                                                                                                                            | 1  |                      |
| 18  | Add lines 7 and 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 |                      |
| 20  | Section 1202 exclusion. Enter as a positive number                                                                                                                                                                       | 20 |                      |
| 21  | Subtract line 20 from line 17. If 2010 of 1633, effect 0                                                                                                                                                                 | 1  |                      |
| 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-                                                                                                                                              |    |                      |
|     | 2. 15 than the 22, enter the direction, enterwise, enter e                                                                                                                                                               |    |                      |
| 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 | 1,000                |
|     |                                                                                                                                                                                                                          |    | _                    |
| 26  | Net operating loss deduction for losses from other years. Enter as a positive number                                                                                                                                     | 26 | -0-                  |
| 27  | <b>Net operating loss.</b> 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 <b>do not</b> have a net operating loss | 27 | < 1,775 >            |
|     | A rise and on page 1, line ta. If the result is zero of more, you do not have a net operating loss                                                                                                                       | _, | ` 1,775 /            |

### When To Use an NOL

Generally, you must carry back the entire amount of the NOL to the 2 tax years before the NOL year (the carryback period), and then carry forward any remaining NOL for up to 20 years after the NOL year (the carryforward period). You can, however, choose not to carry back an NOL and carry it forward only. See *Waiving the carryback period*, later. The "NOL year" is the year in which the NOL occurred. You cannot deduct any part of the NOL remaining after the 20-year carryforward period.

**Exceptions to 2-year carryback rule.** Eligible losses and farming losses qualify for longer carryback periods.

**Eligible loss.** The carryback period for an eligible loss is 3 years. An eligible loss is any part of an NOL that:

- 1) Is from a casualty or theft, or
- Is attributable to a Presidentially declared disaster for a qualified small business or a farming business (defined later).

An eligible loss does not include a farming loss (explained next), unless you choose to treat the farming loss as if it were not a farming loss.

**Farming loss.** The carryback period for a farming loss is 5 years. A farming loss is the **smaller** of:

- The amount which would be the NOL for the tax year if only income and deductions attributable to farming businesses were taken into account, or
- 2) The NOL for the tax year.

You can choose to treat a farming loss as if it were not a farming loss. If you make this choice, the carryback period will be 2 years (3 years if the loss is an eligible loss). To make this choice, attach a statement to your 1999 income tax return filed on or before the due date (including extensions) that you are choosing to treat any 1999 farming losses as if they were not farming losses. Also, if you filed your return timely without making that choice, you may still make the choice by filing an amended return within 6 months of the due date of the return (excluding extensions). Attach a statement to your amended return and write "Filed pursuant to section 301.9100-2" on the statement. File your amended return at the same address that you filed your original return. Once you make this choice, it is irrevocable.

Farming business. A farming business is a trade or business involving the cultivation of land, the raising or harvesting of any agricultural or horticultural commodity, operating a nursery or sod farm, the raising or harvesting of trees bearing fruit, nuts, or other crops, or ornamental trees. The raising, shearing, feeding, caring for, training, and management of animals is also considered a farming business.

A farming business does not include contract harvesting of an agricultural or horticultural commodity grown or raised by someone else. It also does not include a business in which you merely buy or sell plants or animals grown or raised by someone else.

**Qualified small business.** A qualified small business is a sole proprietorship or a partnership that has average annual gross receipts (reduced by returns and allowances) of \$5 million or less during the 3-year period ending with the tax year of the NOL. If the business did not exist for this entire 3-year period, use the period the business was in existence.

Waiving the carryback period. You can choose not to carry back your NOL. If you make this choice, then you can use your NOL only in the 20-year carryforward period. (This choice means you also choose not to carry back any alternative tax NOL.)

To make this choice, attach a statement to your tax return filed by the due date (including extensions) for the NOL year or to an amended return for the NOL year filed within 6 months of the due date of your original return (excluding extensions). This statement *must* show that you are choosing to waive the carryback period under section 172(b)(3) of the Internal Revenue Code.



If you do not file this statement on time, you cannot waive the carryback period. If you filed your return timely

but did not file the statement with it, you must file the statement with an amended return for the NOL year within 6 months of the due date of your original return (excluding extensions). Write "Filed pursuant to section 301.9100–2" on the statement.

Once you make this choice, you cannot change it (it is irrevocable). If you choose to waive the carryback period for more than one NOL, you must make a separate choice and attach a separate statement for each NOL year.

How to use the NOL. If you choose to carry back the NOL, you must first carry the entire NOL to the earliest carryback year. If your NOL is not used up, you can carry the rest to the next earliest carryback year, and so on.

If you do not use up the NOL in the 2 carryback years, carry forward what remains of it to the 20 tax years following the NOL year. Start by carrying it to the first tax year after the NOL year. If you do not use it up, carry the unused part to the next year. Continue to carry any unused part of the NOL until you complete the 20-year carryforward period.

**Example 1.** You started your business as a sole proprietor in 1999 and had a \$42,000 NOL for the year. No part of the NOL qualifies for the 3-year or 5-year carryback period. You begin using your NOL in 1997, the second year before the NOL year, as shown in the following chart.

Carryback/

Housed

| <u>Year</u>     | Carryover | Loss     |
|-----------------|-----------|----------|
| 1997            | \$42,000  | \$40,000 |
| 1998            | 40,000    | 37,000   |
| 1999 (NOL year) |           |          |
| 2000            | 37,000    | 31,500   |
| 2001            | 31,500    | 22,500   |
| 2002            | 22,500    | 12,700   |
| 2003            | 12,700    | 4,000    |
| 2004            | 4,000     | -0-      |
|                 |           |          |

If your loss were larger, you could carry it forward until the year 2019. If you still had an unused 1999 carryforward after the year 2019, you could not deduct it.

**Example 2.** Assume the same facts as in Example 1, except that \$4,000 of the NOL is attributable to a casualty loss and this loss

qualifies for a 3-year carryback period. You begin using the \$4,000 in 1996. As shown in the following chart, \$3,000 of this NOL is used in 1996. The remaining \$1,000 is carried to 1997 along with the \$38,000 NOL that you must begin using in 1997.

| <u>Year</u>     | Carryback/<br>Carryover | Unused<br><u>Loss</u> |
|-----------------|-------------------------|-----------------------|
| 1996            | + - ,                   | \$1,000               |
| 1997            | 39,000                  | 37,000                |
| 1998            | 37,000                  | 34,000                |
| 1999 (NOL year) |                         |                       |
| 2000            | 34,000                  | 28,500                |
| 2001            | 28,500                  | 19,500                |
| 2002            | 19,500                  | 9,700                 |
| 2003            |                         | 1,000                 |
| 2004            | 1,000                   | -0-                   |
|                 |                         |                       |

### How To Claim an NOL Deduction

If you have not already carried the NOL to an earlier year, your NOL deduction is the total NOL. If you carried the NOL to an earlier year, your NOL deduction is the NOL minus the amount you used in the earlier year or years.

If you carry more than one NOL to the same year, your NOL deduction is the total of these carrybacks and carryovers.

NOL more than taxable income. If your NOL is more than the taxable income of the year you carry it to (figured before deducting the NOL), you generally will have an NOL carryover to the next year. See *How To Figure an NOL Carryover*, later, to determine how much NOL you have used and how much you carry to the next year.

### **Deducting a Carryback**

If you carry back your NOL, you can use either Form 1045 or Form 1040X. You can get your refund faster by using Form 1045, but you have a shorter time to file it. You can use Form 1045 to apply an NOL to all carryback years. If you use Form 1040X, you must use a separate Form 1040X for each carryback year to which you apply the NOL.

Estates and trusts not filing Form 1045 must file an amended Form 1041 (instead of Form 1040X) for each carryback year to which NOLs are applied. Use a copy of the appropriate year's Form 1041, check the "Amended return" box, and follow the Form 1041 instructions for amended returns. Include the NOL deduction with other deductions not subject to the 2% limit (line 15a for 1997 and 1998). Also, see the special procedures for filing an amended return due to an NOL carryback, explained under Form 1040X, later.

**Form 1045.** You can apply for a quick refund by filing Form 1045. This form results in a tentative adjustment of tax in the carryback year. See the Form 1045 illustrated at the end of this discussion.

If the IRS refunds or credits an amount to you from Form 1045 and later determines that the refund or credit is too much, the IRS may assess and collect the excess immediately.

You must file Form 1045 on or after the date you file your tax return for the NOL year, but not later than one year after the NOL year. For example, if you are a calendar year tax-payer with a carryback from 1999 to 1997, you must file Form 1045 on or after the date

you file your tax return for 1999, but no later than January 2, 2001. (Since December 31, 2000, falls on a Sunday and January 1, 2001, is a holiday, the due date is extended to January 2, 2001.)

Form 1040X. If you do not file Form 1045, you can file Form 1040X to get a refund of tax because of an NOL carryback. File Form 1040X within 3 years after the due date, including extensions, for filing the return for the NOL year. For example, if you are a calendar year taxpayer and filed your 1996 return by the April 15, 1997, due date, you must file a claim for refund of 1994 tax because of an NOL carryback from 1996 by April 17, 2000. (Since April 15, 2000, falls on a Saturday, the due date is extended to April 17, 2000).

Attach a computation of your NOL using Schedule A (Form 1045) and, if it applies, your NOL carryover using Schedule B (Form 1045), discussed later.

Refiguring your tax. To refigure your total tax liability for a carryback year, first refigure your adjusted gross income for that year. (On Form 1045, use lines 10 through 12 and the "After carryback" column for the applicable carryback year.) Use your adjusted gross income after applying the NOL deduction to refigure income or deduction items that are based on, or limited to, a percentage of your adjusted gross income. Refigure the following items.

- The special allowance for passive activity losses from rental real estate activ-
- Taxable social security and tier 1 railroad retirement benefits.
- IRA deductions.
- 4) Excludable savings bond interest.
- Excludable employer-provided adoption benefits.
- Student loan interest deduction.

If more than one of these items apply, refigure them in the order listed above, using your adjusted gross income after applying the NOL deduction and any previous item. (On line 10 of Form 1045, using the "After carryback" column, enter your adjusted gross income after applying the above refigured items, but without the NOL deduction. Enter your NOL deduction on line 11.)

Next, refigure your taxable income. (On Form 1045, use lines 13 through 16 and the "After carryback" column.) Use your refigured adjusted gross income (line 12 of Form 1045, using the "After carryback" column) to refigure certain deductions and other items that are based on, or limited to, a percentage of your adjusted gross income. Refigure the following

- The itemized deduction for medical expenses
- The itemized deduction for casualty losses.
- 3) Certain miscellaneous itemized deductions.
- 4) The overall limit on itemized deductions.
- The phaseout of the deduction for exemptions.

Do not refigure the itemized deduction for charitable contributions.

Finally, use your refigured taxable income (line 16 of Form 1045, using the "After carryback" column) to refigure your total tax liability. Refigure your income tax, your alternative minimum tax, and any credits that are based on, or limited to, the amount of tax. (On Form 1045, use lines 17 through 26, and the "After carryback" column.) The earned income credit, for example, may be affected by changes to adjusted gross income or the amount of tax (or both) and, therefore, must be recomputed. If you become eligible for a credit because of the carryback, complete the form for that specific credit (such as Schedule EIC) for that year.

While it is necessary to refigure your income tax, alternative minimum tax, and credits do not refigure your self-employment tax.

### **Deducting a Carryforward**

If you carry forward your NOL to a tax year after the NOL year, list your NOL deduction as a negative figure on the "Other income" line of Form 1040 (line 21 for 1999). Estates and trusts include an NOL deduction on Form 1041 with other deductions not subject to the 2% limit (line 15a for 1999).

You must attach a statement that shows all the important facts about the NOL. Your statement should include a computation showing how you figured the NOL deduction. If you deduct more than one NOL in the same year, your statement must cover each of

### Change in Marital Status

If you and your spouse were not married to each other in all years involved in figuring NOL carrybacks and carryovers, only the spouse who had the loss can take the NOL deduction. If you file a joint return, the NOL deduction is limited to the income of that spouse.

For example, if your marital status changes because of death or divorce, and in a later year you have an NOL, you can carry back that loss only to the part of the income reported on a joint return (filed with your former spouse) that was your taxable income. After you deduct the NOL in the carryback year, the joint rates apply to the resulting taxable income.

Refund limit. If you are not married in the NOL year (or are married to a different spouse), and in the carryback year you were married and filed a joint return, your refund for the overpaid joint tax may be limited. You can claim a refund for the difference between your share of the refigured tax and your contribution toward the tax paid on the joint return. The refund cannot be more than the joint overpayment. Attach a statement showing how you figured your refund.

Figuring your share of a joint tax liability. There are five steps for figuring your share of the refigured joint tax liability.

- 1) Figure your total tax as though you had filed as "married filing separately."
- Figure your spouse's total tax as though your spouse had also filed as "married filing separately."
- 3) Add the amounts in (1) and (2).
- Divide the amount in (1) by the amount in (3).

5) Multiply the refigured tax on your joint return by the amount figured in (4). This is your share of the joint tax liability.

Figuring your contribution toward tax paid. Unless you have an agreement or clear evidence of each spouse's contributions toward the payment of the joint tax liability, figure your contribution by adding the tax withheld on your wages and your share of joint estimated tax payments or tax paid with the return. If the original return for the carryback year resulted in an overpayment, reduce your contribution by your share of the tax refund. Figure your share of a joint payment or refund by the same method used in figuring your share of the joint tax liability. Use your taxable income as originally reported on the joint return in steps (1) and (2) (above), and substitute the joint payment or refund for the refigured joint tax in step (5).

### Change in Filing Status

If you and your spouse were married and filed a joint return for each year involved in figuring NOL carrybacks and carryovers, figure the NOL deduction on a joint return as you would for an individual. However, treat the NOL deduction as a joint NOL. Figure it from the joint NOLs.

If you and your spouse were married and filed separate returns for each year involved in figuring NOL carrybacks and carryovers, the spouse who sustained the loss may take the NOL deduction on a separate return.



Special rules apply for figuring the NOL carrybacks and carryovers of married people whose filing status

changes for any tax year involved in figuring an NOL carryback or carryover.

Separate to joint return. If you and your spouse file a joint return for a carryback or carryforward year, and were married but filed separate returns for any of the tax years involved in figuring the NOL carryback or carryover, treat the separate carryback or carryover as a joint carryback or carryover.

Joint to separate returns. If you and your spouse file separate returns for a carryback or carryforward year, but filed a joint return for any or all of the tax years involved in figuring the NOL carryover, figure each of your carryovers separately.

Joint return in NOL year. Figure each spouse's share of the joint NOL in the following steps:

- Figure each spouse's NOL as if he or she filed a separate return. See How To Figure an NOL, earlier. If only one spouse has an NOL, stop here. All of the joint NOL is that spouse's NOL
- 2) If both spouses have an NOL, multiply the joint NOL by a fraction, the numerator of which is spouse A's NOL figured in (1) and the denominator of which is the total of the spouses' NOLs figured in (1). The result is spouse A's share of the joint NOL. The rest of the joint NOL is spouse B's share.

Example 1. Mark and Nancy are married and file a joint return for 1999. They have an NOL of \$5,000. They carry the NOL back to 1997, a year in which Mark and Nancy filed separate returns. Figured separately, Nancy's 1999 deductions were more than her income,

and Mark's income was more than his deductions. Mark does not have any NOL to carry back. Nancy can carry back the entire \$5,000 NOL to her 1997 separate return.

**Example 2.** Assume the same facts as in Example 1, except that both Mark and Nancy had deductions in 1999 that were more than their income. Figured separately, his NOL is \$1,800 and hers is \$3,000. (The sum of their separate NOLs (\$4,800) is less than their \$5,000 joint NOL because his deductions included a \$200 net capital loss that is not allowed in figuring his separate NOL. The loss is allowed in figuring their joint NOL because it was offset by Nancy's capital gains.) Mark's share of their \$5,000 joint NOL is \$1,875 (\$5,000  $\times$  \$1,800/\$4,800) and Nancy's is \$3,125 (\$5,000 - \$1,875).

Joint return in previous carryback or carryforward year. If only one spouse had an NOL deduction on the previous year's joint return, all of the joint carryover is that spouse's carryover. If both spouses had an NOL deduction (including separate carryovers of a joint NOL, figured as explained in the previous discussion), figure each spouse's share of the joint carryover in the following steps.

- Figure each spouse's modified taxable income as if he or she filed a separate return. See Modified taxable income under How To Figure an NOL Carryover, later.
- 2) Multiply the joint modified taxable income you used to figure the joint carryover by a fraction, the numerator of which is spouse A's modified taxable income figured in (1) and the denominator of which is the total of the spouses' modified taxable incomes figured in (1). This is spouse A's share of the joint modified taxable income.
- Subtract the amount figured in (2) from the joint modified taxable income. This is spouse B's share of the joint modified taxable income.
- Reduce the amount figured in (3), but not below zero, by spouse B's NOL deduction.
- 5) Add the amounts figured in (2) and (4).
- 6) Subtract the amount figured in (5) from spouse A's NOL deduction. This is spouse A's share of the joint carryover. The rest of the joint carryover is spouse B's share.

**Example.** Sam and Wanda filed a joint return for 1997 and separate returns for 1998 and 1999. In 1999, Sam had an NOL of \$18,000 and Wanda had an NOL of \$2,000. They carry back both NOLs to their 1997 joint return and claim a \$20,000 NOL deduction.

Their joint modified taxable income (MTI) for 1997 is \$15,000, and their joint NOL carryover to 1998 is \$5,000 (\$20,000 – \$15,000). They figure their shares of the \$5,000 carryover as follows:

| Step 1. Sam's separate MTI Wanda's separate MTI Total MTI                                                                     | + 3,000                             |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Step 2.           Joint MTI           Sam's MTI + total MTI           (\$9,000 + \$12,000)           Sam's share of joint MTI | \$15,000<br><u>×.75</u><br>\$11,250 |
| Step 3.  Joint MTI Sam's share of joint MTI Wanda's share of joint MTI                                                        | <u>- 11,250</u>                     |
| Step 4. Wanda's share of joint MTI Wanda's NOL deduction Wanda's remaining share                                              | _ 2,000                             |
| Step 5. Sam's share of joint MTI Wanda's remaining share Joint MTI to be offset                                               | <u>+ 1,750</u>                      |
| Step 6. Sam's NOL deduction Joint MTI to be offset Sam's carryover to 1998                                                    | _ 13,000                            |
| Joint carryover to 1998<br>Sam's carryover<br>Wanda's carryover to 1998                                                       | -5.000                              |

Wanda's \$2,000 NOL deduction offsets \$2,000 of her \$3,750 share of the joint modified taxable income and is completely used up. She has no carryover to 1998. Sam's \$18,000 NOL deduction offsets all of his \$11,250 share of joint modified taxable income and the remaining \$1,750 of Wanda's share. His carryover to 1998 is \$5,000.

### Illustrated Form 1045

The following example illustrates how to use Form 1045 to claim an NOL deduction in a carryback year. It includes a filled in page 1 of Form 1045.

**Example.** Martha Sanders is a selfemployed contractor. Martha's 1999 deductions are more than her 1999 income because of a business loss. She uses Form 1045 to carry back her NOL and claim an NOL deduction in 1997. (See the filled in Form 1045 included here.) Her filing status in both years was "single."

Martha figures her 1999 NOL on Schedule A, Form 1045 (not shown). (For an example using Schedule A, see *Illustrated Schedule A (Form 1045)* under *How To Figure an NOL*, earlier.) She enters the \$10,000 NOL from line 27 of Schedule A on line 1a of page 1 of Form 1045.

Martha completes lines 10 through 26, using the "Before carryback" column under the column labeled, "2nd preceding tax year ended 12/31/97" on page 1 of Form 1045 using the following amounts from her 1997 return.

| 1997 Adjusted gross income            | \$50,000 |
|---------------------------------------|----------|
| Medical expenses                      |          |
| $[\$6,000 - (\$50,000 \times 7.5\%)]$ |          |
| \$2,250                               |          |
| State income tax + 2,000              |          |
| Real estate tax + 4,000               |          |
| Home mortgage interest + 5,000        |          |
| Total itemized deductions             | \$13,250 |
| Exemption                             | \$2,650  |
| Income tax                            | \$6,351  |
| Self-employment tax                   | \$6.120  |

Martha then completes lines 10 through 26, using the "After carryback" column under the column labeled, "2nd preceding tax year ended 12/31/97." On line 11, Martha enters her \$10,000 NOL deduction. Her new adjusted gross income on line 12, is \$40,000 (\$50,000 - \$10,000). To complete line 13, she must refigure her medical expense deduction using her new adjusted gross income. Her refigured medical expense deduction is \$3,000 [\$6,000 - (\$40,000  $\times$  7.5%)]. This increases her total deductions to \$14,000 [\$13,250 + (\$3,000 - \$2,250)].

Martha uses her refigured taxable income (\$23,350) from line 16, and the tax tables in her 1997 Form 1040 instructions to find her income tax. She enters the new amount, \$3,506, on line 17, and her new total tax liability, \$9,626, on line 26.

Since Martha used up her \$10,000 NOL in 1997, she does not complete a column for the first preceding tax year ended 12/31/98. The decrease in tax because of her NOL deduction (line 28) is \$2,845.

Martha files Form 1045 after filing her 1999 return, but no later than January 2, 2001. (Since December 31, 2000, falls on a Sunday and January 1, 2001 is a holiday, the due date is extended to January 2, 2001.) She mails it to the Internal Revenue Service Center where she filed her 1999 return and attaches a copy of her 1999 return (including the applicable forms and schedules).

**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 Internal Revenue Service

► For use by individuals, estates, or trusts.

| print          | Name (and name of spouse if filing jointly)  Martha Sanders  Social security or employed 123-00-4567                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                   |                              |                    |           | •                    | ntification number |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------|------------------------------|--------------------|-----------|----------------------|--------------------|
| Please type or |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t. or suite no. If you have a P.O. box, see page 2 of the instructions.  Spouse's social security number (SSN) |                   |                              |                    | ber (SSN) |                      |                    |
| ty             | 9876 Holly Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                   |                              |                    |           |                      |                    |
| ase            | City, town or post office, state, and ZIP code. If you have a foreign address, see page 2 of the instructions. Telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                   |                              | number (o          | ptional)  |                      |                    |
| B              | Yardley, PA 19067                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                   |                              | ( 041)             | 123-45    | 67                   |                    |
|                | а                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Net operating los                                                                                              | ss (from Schedule | A, page 2, line 27)          | <b>b</b> Unused    | general b | usiness c            | redit              |
| _1_            | This application is filed to carry back:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ \$10,00                                                                                                     | 0                 |                              | \$                 |           |                      |                    |
| 2a             | For the calendar year 1999, or other tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | S                 |                              | <b>b</b> Date tax  |           | as filed             |                    |
|                | beginning , 1999, ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ı                                                                                                              |                   | $\sim$ 0                     | 3-5-20             |           |                      |                    |
| 3              | If this application is for an unused cred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                   |                              |                    | -         |                      |                    |
| 4              | If you filed a joint return (or separate re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                   |                              |                    |           |                      |                    |
|                | years and specify whether joint (J) or s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                   |                              |                    |           |                      |                    |
| 5              | If SSN for carryback year is different from a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | bove, enter a S                                                                                                | SSN ▶             |                              | and <b>b</b> Year( | s) ▶      |                      |                    |
| 6              | If you changed your accounting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                   |                              |                    |           |                      |                    |
| 7              | Have you filed a petition in Tax Court for Does this carryback include a loss or court for the court |                                                                                                                |                   |                              |                    |           |                      |                    |
| 8<br>9         | If you are carrying back a net operating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                   |                              |                    |           |                      | res wino           |
| •              | of other credits due to the release of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ne foreign tax                                                                                                 | credit? See pa    | ge 2 of the ins              | tructions          |           | П                    | Yes ☑ No           |
|                | Computation of Decrease in Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | precedir<br>tax year ended                                                                                     | ng                | 2nd preceding tax year ended | g 12-31-97         | 1st       | preceding<br>r ended | g 12-31-98         |
|                | See page 2 of the instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Before                                                                                                         | After             | Before                       | After              | Bef       |                      | After              |
|                | Note: If 1a is blank, skip lines 10 through 16.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | carryback                                                                                                      | carryback         | carryback                    | carryback          | carry     | back                 | carryback          |
| 10             | Adjusted gross income. See page 3 of the instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                   | 50,000                       | 50,000             |           |                      |                    |
| 11             | Net operating loss deduction after                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                   |                              | 10.000             |           |                      |                    |
|                | carryback. See page 3 of the instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                   | F0.000                       | 10,000             |           |                      |                    |
| 12             | Subtract line 11 from line 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                   | 50,000<br>13,250             | 40,000             |           |                      |                    |
| 13             | Deductions. See page 3 of the instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                   | 36,750                       | 14,000<br>26,000   |           |                      |                    |
| 14             | Subtract line 13 from line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                   | 2,650                        | 26,000             |           |                      |                    |
| 15             | Exemptions. See page 3 of the instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                   | 34,100                       | 23,350             |           |                      |                    |
| 16             | Taxable income. Line 14 minus line 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                   | 34,100                       | 23,330             |           |                      |                    |
| 17             | Income tax. See page 4 of the instructions and attach an explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                   | 6,351                        | 3,506              |           |                      |                    |
| 18             | General business credit. See page 4 of the instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                   |                              |                    |           |                      |                    |
| 19             | Other credits. Identify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                   |                              |                    |           |                      |                    |
| 20             | Total credits. Add lines 18 and 19 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                   | / OF1                        | 2.50/              |           |                      |                    |
| 21             | Subtract line 20 from line 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                   | 6,351                        | 3,506              |           |                      |                    |
| 22             | Recapture taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                   |                              |                    |           |                      |                    |
| 23             | Alternative minimum tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                   | 6,120                        | 6,120              |           |                      |                    |
| 24<br>25       | Self-employment tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                   | 0,120                        | 0,120              |           |                      |                    |
| 26             | Other taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                   | 12,471                       | 9,626              |           |                      |                    |
| 27             | Enter the amount(s) from the "After                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                   |                              |                    |           |                      |                    |
| 21             | carryback" column(s) from line 26 for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                   |                              |                    |           |                      |                    |
|                | each applicable year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                   | 9,626                        |                    |           |                      |                    |
| 28             | Decrease in tax. Line 26 minus line 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                   | 2,845                        |                    |           |                      |                    |
| 29             | Overpayment of tax due to a claim of r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ight adjustme                                                                                                  | nt under section  | on 1341(b)(1)—               | attach compu       | tation    |                      |                    |
| Sig<br>He      | ra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                   | n and accompanyii            | ng schedules and   | stateme   |                      | o the best of my   |
|                | Tour signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                   |                              |                    |           | Date                 |                    |
| this a         | pplication   IVIAI LIIA SAITUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                   |                              |                    |           |                      | 0-2000             |
| ior yo         | our records. Spouse's signature (if Form 1045)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | is filed jointly, BO                                                                                           | ΓH must sign)     |                              |                    |           | Date                 |                    |
|                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                   |                              |                    |           | Date                 |                    |
|                | narer Other Name ► Taxpayer Address ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                   |                              |                    |           | Date                 |                    |
|                | 1 Taxpayer Address ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                   |                              |                    |           |                      |                    |

# How To Figure an NOL Carryover

If your NOL is more than your taxable income for the year to which you carry it (figured before deducting the NOL), you may have an NOL carryover. You must make certain modifications to your taxable income to determine how much NOL you will use up in that year and how much you can carry over to the next tax year. Your carryover is the excess of your NOL deduction over your modified taxable income for the carryback or carryforward year. If your NOL deduction includes more than one NOL, apply the NOLs against your modified taxable income in the same order in which you incurred them, starting with the earliest.

**Modified taxable income.** Your modified taxable income is your taxable income figured with the following changes.

- You cannot claim an NOL deduction for the NOL whose carryover you are figuring or for any later NOL.
- You cannot claim a deduction for capital losses in excess of your capital gains. Also, you must increase your taxable income by the amount of any section 1202 exclusion claimed on Schedule D (Form 1040).
- You cannot claim your exemptions for yourself, your spouse, or dependents.
- 4) You must figure any item affected by the amount of your adjusted gross income after making the changes in (1) and (2), above, and certain other changes to your adjusted gross income that result from (1) and (2). This includes income and deduction items used to figure adjusted gross income (for example, IRA deductions), as well as certain itemized deductions. To figure a charitable contribution deduction, do not include deductions for NOL carrybacks in the change in (1) but do include deductions for NOL carryforwards from tax years before the NOL year.

Your taxable income as modified cannot be less than zero.

Schedule B (Form 1045). You can use Schedule B (Form 1045) to figure your modified taxable income for carryback years and your carryover from each of those years. Do not use Schedule B for a carryforward year. If your 1999 return includes an NOL de-

duction from an NOL year before 1999 that reduced your taxable income to zero (to less than zero, if an estate or trust), see NOL Carryover From 1999 to 2000, later.

# Illustrated Schedule B (Form 1045)

The following example illustrates how to figure an NOL carryover from a carryback year. It includes a filled in Schedule B (Form 1045).

**Example.** Ida Brown runs a small clothing shop. In 1999, she has an NOL of \$36,000 that she chooses to carry back to 1997. She has no other carrybacks or carryovers to 1997.

Ida's adjusted gross income in 1997 was \$29,000, consisting of her salary of \$30,000 minus a \$1,000 capital loss deduction. She is single and claimed only one personal exemption of \$2,650. During that year, she gave \$1,450 in charitable contributions. Her medical expenses were \$2,725. She also deducted \$1,650 in taxes and \$1,125 in home mortgage interest.

Her deduction for charitable contributions was not limited because her contributions, \$1,450, were less than 50% of her adjusted gross income. The deduction for medical expenses was limited to expenses over 7.5% of adjusted gross income (.075  $\times$  \$29,000 = \$2,175; \$2,725 - \$2,175 = \$550). The deductions for taxes and home mortgage interest were not subject to any limits. She was able to claim \$4,775 (\$1,450 + \$550 + \$1,650 + \$1,125) in itemized deductions for 1997. She had no other deductions in 1997. Her taxable income for the year was \$21,575.

Ida's \$36,000 carryback will reduce her 1997 taxable income to zero. She completes the column labeled "2nd preceding tax year ended 12/31/97," of Schedule B (Form 1045) to figure how much of her NOL she uses up in 1997 and how much she can carry over to 1998. See the illustrated Schedule B shown here. Ida does not complete the column for the first preceding tax year ended 12/31/98 because the \$10,700 carryover to 1998 is completely used up that year. (See the information for line 9, below.)

Line 1. Ida enters \$36,000, her 1999 net operating loss, on line 1.

Line 2. She enters \$21,575, her 1997 taxable income, on line 2.

**Line 3.** Ida enters on line 3 her net capital loss deduction of \$1,000.

**Line 5.** Although Ida's entry on line 3 modifies her adjusted gross income, that does not affect any other items included in her adjusted gross income. Ida enters zero on line 5.

Line 6. Since Ida had itemized deductions and entered \$1,000 on line 3, she completes lines 10 through 34 to figure her adjustment to itemized deductions. On line 6, she enters the total adjustment from line 34.

Line 10. Ida's adjusted gross income for 1997 was \$29,000.

**Line 11.** She adds lines 3 through 5 and enters \$1,000 on line 11. (This is her net capital loss deduction added back, which modifies her adjusted gross income.)

Line 12. Her modified adjusted gross income for 1997 is now \$30,000.

Line 13. On her 1997 tax return, she deducted \$550 as medical expenses.

*Line 14.* Her actual medical expenses were \$2,725.

*Line 15.* She multiplies her modified adjusted gross income, \$30,000, by .075. She enters \$2,250 on line 15.

**Line 16.** The difference between her actual medical expenses and the amount she is allowed to deduct is \$475.

Line 17. The difference between her medical deduction and her modified medical deduction is \$75. She enters this on line 17.

Line 18. She enters her modified adjusted gross income of \$30,000 on line 18.

**Line 19.** She had no other carrybacks to 1997 and enters zero on line 19.

*Line 20.* Her modified adjusted gross income remains \$30,000.

*Line 21.* Her actual contributions for 1997 were \$1,450, which she enters on line 21.

Line 22. She now refigures her charitable contributions based on her modified adjusted gross income. Since she is well below the 50% limit, she enters \$1,450 on line 22.

Line 23. The difference is zero.

Lines 24 through 33. Since Ida had no casualty losses or deductions for miscellaneous items in 1997, she leaves these lines blank.

*Line 34.* She combines lines 17, 23, 28, and 33 and enters \$75 on line 34. She carries this figure to *line 6.* 

**Line 7.** Ida enters her personal exemption of \$2,650 for 1997.

*Line 8.* After combining lines 2 through 7, Ida's modified taxable income is \$25,300.

Line 9. Ida figures her carryover to 1998 by subtracting her modified taxable income (line 8) from her NOL deduction (line 1). She enters the \$10,700 carryover on line 9. She also enters this \$10,700 as her NOL deduction for 1998 on line 11 of page 1, Form 1045, in the "After carryback" column under the column labeled "1st preceding tax year ended 12/31/98." (For an illustrated example of page 1 of Form 1045, see Illustrated Form 1045 under How To Claim an NOL Deduction, earlier.)

Form 1045 (1999) Page **3** 

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

| next      | nplete one column before going to the column. Start with the earliest yback year.                                                                 | preceding tax year ended ▶            | 2nd preceding tax year ended ▶ | 12-31-97 | 1st preceding tax year ended ▶ | 12-31-98 |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------|----------|--------------------------------|----------|
|           | , ,                                                                                                                                               | l l l l l l l l l l l l l l l l l l l |                                |          | Tann year errees               |          |
| 1         | Net operating loss deduction. See page 4 of the instructions                                                                                      |                                       |                                | 36,000   |                                |          |
| 2         | Taxable income before 1999 NOL carryback. See page 5 of the instructions                                                                          |                                       | 21,575                         |          |                                |          |
| 3         | Net capital loss deduction. See page 5 of the instructions                                                                                        |                                       | 1,000                          |          |                                |          |
| 4         | Section 1202 exclusion. See page 5 of the instructions                                                                                            |                                       |                                |          |                                |          |
| 5         | Adjustments to adjusted gross income. See page 5 of the instructions                                                                              |                                       | -0-                            |          |                                |          |
| 6         | Adjustment to itemized deductions. See page 5 of the instructions                                                                                 |                                       | 75<br>2,650                    |          |                                |          |
| 7         | Exemptions                                                                                                                                        |                                       | 2,030                          |          |                                |          |
| 8         | Modified taxable income. Combine lines 2 through 7. If zero or less, enter -0-                                                                    | , oř                                  | 09                             | 25,300   |                                |          |
| 9         | Net operating loss carryover. Subtract line 8 from line 1. If zero or less, enter -0 See page 5 of the instructions                               | 35 1                                  | 9                              | 10,700   |                                |          |
|           | Adjustment to Itemized Deductions (Individuals Only)                                                                                              | 1                                     | 309                            |          |                                |          |
|           | Complete lines 10 through 34 for the carryback year(s) for which you itemized deductions <b>ONLY</b> if line 3 or line 4 above is more than zero. | 1 to S.                               |                                |          |                                |          |
| 10        | Adjusted gross income before 1999 NOL carryback                                                                                                   |                                       | 29,000                         |          |                                |          |
| 11        | Add lines 3 through 5 above                                                                                                                       |                                       | 1,000                          |          |                                |          |
| 12        | Modified adjusted gross income. Add lines 10 and 11                                                                                               |                                       | 30,000                         |          |                                |          |
| 13        | Medical expenses from Sch. A (Form 1040), line 4 (or as previously adjusted)                                                                      |                                       | 550                            |          |                                |          |
| 14        | Medical expenses from Sch. A (Form 1040), line 1 (line 2 for 1989) (or as previously adjusted)                                                    |                                       | 2,725                          |          |                                |          |
| 15        | Multiply line 12 by 7.5% (.075)                                                                                                                   |                                       | 2,250                          |          |                                |          |
| 16        | Subtract line 15 from line 14. If zero                                                                                                            |                                       | 475                            |          |                                |          |
| <u>17</u> | or less, enter -0                                                                                                                                 |                                       | 473                            | 75       |                                |          |

Form **1045** (1999)

Form 1045 (1999) Page **4** 

### Schedule B—Net Operating Loss Carryover (Continued)

| next     | plete one column before going to the column. Start with the earliest yback year.                                                                                                                                                                   | preceding tax year ended ▶ | 2nd preceding tax year ended ▶ 12-3 | 1-97 preceding tax year ended ▶ |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|---------------------------------|
| 18       | Modified adjusted gross income from line 12 on page 3                                                                                                                                                                                              |                            | 30,000                              |                                 |
| 19       | Enter as a positive number any NOL carryback from a year before 1999 that was deducted in figuring line 10 on page 3                                                                                                                               |                            | -0-                                 |                                 |
| 20       | Add lines 18 and 19                                                                                                                                                                                                                                |                            | 30,000                              |                                 |
| 21       | Charitable contributions from Sch. A (Form 1040), line 18 (line 17 for 1989-90, line 16 for 1991-93) (or as previously adjusted)                                                                                                                   |                            | 1,450                               |                                 |
| 22       | Refigured charitable contributions. See page 5 of the instructions                                                                                                                                                                                 |                            | 1,450                               | 0                               |
| 23       | Subtract line 22 from line 21                                                                                                                                                                                                                      |                            | -                                   | .0-                             |
| 24       | Casualty and theft losses from Form 4684, line 18 (or as previously adjusted)                                                                                                                                                                      |                            |                                     |                                 |
| 25       | Casualty and theft losses from Form 4684, line 16 (or as previously adjusted)                                                                                                                                                                      |                            |                                     |                                 |
| 26<br>27 | Multiply line 18 by 10% (.10) Subtract line 26 from line 25. If zero or less, enter -0                                                                                                                                                             |                            | 105                                 | 9                               |
| 28       | Subtract line 27 from line 24                                                                                                                                                                                                                      |                            | 8 0                                 |                                 |
| 29       | Miscellaneous itemized deductions from Sch. A (Form 1040), line 26 (line 24 for 1989 and 1991-93, line 25 for 1990) (or as previously adjusted).                                                                                                   | 201                        | 90, 33                              | (Saude)                         |
| 30       | Miscellaneous itemized deductions from Sch. A (Form 1040), line 23 (line 22 for 1989-90, line 21 for 1991-93) (or as previously adjusted)                                                                                                          | 27.0                       | Me, to                              |                                 |
| 31       | Multiply line 18 by 2% (.02)                                                                                                                                                                                                                       |                            | 160                                 |                                 |
| 32       | Subtract line 31 from line 30. If zero or less, enter -0                                                                                                                                                                                           |                            | (1/0)                               |                                 |
| 33<br>34 | Subtract line 32 from line 29 Complete the worksheet on page 6 of the instructions if line 18 is <b>more than</b> the applicable amount shown below (more than one-half that amount if married filing separately).                                 |                            |                                     |                                 |
|          | <ul> <li>\$100,000 for 1991.</li> <li>\$105,250 for 1992.</li> <li>\$108,450 for 1993.</li> <li>\$111,800 for 1994.</li> <li>\$114,700 for 1995.</li> <li>\$117,950 for 1996.</li> <li>\$121,200 for 1997.</li> <li>\$124,500 for 1998.</li> </ul> |                            |                                     |                                 |
|          | Otherwise, combine lines 17, 23, 28, and 33; enter the result here and on line 6 (page 3)                                                                                                                                                          |                            |                                     | 75                              |

Form **1045** (1999)

### **NOL Carryover From** 1999 to 2000

If you had an NOL deduction that reduced your taxable income on your 1999 return to zero (to less than zero, if an estate or trust), complete Table 1, Worksheet for NOL Carryover From 1999 to 2000. It will help you figure your NOL to carry to 2000. Keep the worksheet for your records.

### Worksheet Instructions

At the top of the worksheet, enter the NOL year for which you are figuring the carryover.

More than one NOL. If your 1999 NOL deduction includes amounts for more than one loss year, complete

this worksheet only for one loss year. To determine which year, start with your earliest NOL and subtract each NOL separately from your taxable income figured without the NOL deduction. Complete this worksheet for the earliest NOL that reduces your taxable income below zero. Your earlier NOLs will be completely used up in 1999. Your NOL carryover to 2000 is the total of the amount on line 8 of the worksheet and all later NOL amounts.

Example. Your taxable income for 1999 is \$4,000 without your \$9,000 NOL deduction. Your NOL deduction includes \$2,000 for 1997 and \$7,000 for 1998. Subtract your 1997 NOL of \$2,000 from \$4,000. This gives you taxable income of \$2,000. Your 1997 NOL is now completely used up. Subtract your \$7,000 1998 NOL from \$2,000. This gives you taxable income of (\$5,000). You now complete the worksheet for your 1998 NOL. Your NOL carryover to 2000 is the unused part of your 1998 NOL from line 8 of the worksheet.

Line 2. Treat your NOL deduction for the NOL year entered at the top of the worksheet and later years as a positive amount. Add it to your negative taxable income. Enter the result on line 2.

Line 4. You must refigure the following income and deductions based on adjusted gross income.

- The special allowance for passive activity losses from rental real estate activ-
- Taxable social security and tier 1 railroad retirement benefits.
- IRA deduction.
- 4) Excludable savings bond interest.
- Excludable employer-provided adoption benefits.
- 6) Student loan interest deduction.

If none of these items apply to you, enter zero on line 4. Otherwise, increase your adjusted gross income by the total of lines 3a and 3b and your NOL deduction for the NOL year entered at the top of the worksheet and later years. Using this increased adjusted gross income, refigure the items that apply, in the order listed above. Your adjustment for each item is the difference between the refigured amount and the amount included on your return. Add the adjustments for previous items to your adjusted gross income before refiguring the next item. Keep a record of your computations.

Enter your total adjustments for the above items on line 4.

Line 5. Enter zero if you claimed the standard deduction. Otherwise, use lines 9 through 40 of the worksheet to figure the amount to enter on this line. Complete only those sections that apply to you.

Estates and trusts. Enter zero on line 5 if you did not claim any miscellaneous deductions on line 15b (Form 1041) or a casualty or theft loss. Otherwise, refigure these deductions by substituting modified adjusted gross income (see below) for adjusted gross income. Subtract the recomputed deductions

from those claimed on the return. Enter the result on line 5.

Modified adjusted gross income. refigure miscellaneous itemized deductions of an estate or trust (Form 1041, line 15b), modified adjusted gross income is the total of the following amounts.

- 1) The adjusted gross income on the re-
- The amounts from lines 3a and 3b of the worksheet
- The exemption amount from Form 1041, line 20.
- The NOL deduction for the NOL year entered at the top of the worksheet and for later years.

To refigure the casualty and theft loss deduction of an estate or trust, modified adjusted gross income is the total of the following amounts.

- The adjusted gross income amount you used to figure the deduction claimed on the return.
- The amounts from lines 3a and 3b of the worksheet.
- The NOL deduction for the NOL year entered at the top of the worksheet and for later years.

Line 9. Treat your NOL deduction for the NOL year entered at the top of the worksheet and for later years as a positive amount. Add it to your adjusted gross income. Enter the result on line 9.

Line 18. If you had a contributions carryover from 1998 to 1999 and your NOL deduction includes an amount from an NOL year before 1998, you may have to reduce your contributions carryover. This reduction is any adjustment you made to your 1998 charitable contributions deduction when figuring your NOL carryover to 1999. Use the reduced contributions carryover to figure the amount to enter on line 18.

### Table 1. Worksheet for NOL Carryover From 1999 to 2000 (For an NOL Year Before 1999)\*

For Use by Individuals, Estates, and Trusts (Keep for your records.) See the instructions under NOL Carryover From 1999 to 2000.



| NOL | YEAR:                                                                                                                                                                                                                                     |  |  |  |  |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| USE | USE YOUR 1999 FORM 1040 (OR FORM 1041) TO COMPLETE THIS WORKSHEET:                                                                                                                                                                        |  |  |  |  |  |  |
| 1.  | Enter as a positive number your NOL deduction for the NOL year entered above from line 21 (Form 1040) or line 15a (Form 1041)                                                                                                             |  |  |  |  |  |  |
| 2.  | Enter your taxable income without the NOL deduction for the NOL year entered above or later years. (See instructions.)                                                                                                                    |  |  |  |  |  |  |
| 3a  | Enter as a positive number any net capital loss deduction                                                                                                                                                                                 |  |  |  |  |  |  |
| b   | Enter as a positive number any gain excluded on the sale or exchange of qualified small business stock                                                                                                                                    |  |  |  |  |  |  |
| 4.  | Enter any adjustments to your adjusted gross income (see instructions)                                                                                                                                                                    |  |  |  |  |  |  |
| 5.  | Enter any adjustments to your itemized deductions from line 30 or line 40 (see instructions)                                                                                                                                              |  |  |  |  |  |  |
| 6.  | Enter your deduction for exemptions from line 38 (Form 1040) or line 20 (Form 1041)                                                                                                                                                       |  |  |  |  |  |  |
| 7.  | Modified taxable income. Combine lines 2 through 6. Enter the result (but not less than zero) .                                                                                                                                           |  |  |  |  |  |  |
| 8.  | NOL carryover to 2000. Subtract line 7 from line 1. Enter the result (but not less than zero) here and on the "other income" line of Form 1040 (or the line on Form 1041 for deductions NOT subject to the 2% floor) in 2000              |  |  |  |  |  |  |
| ADJ | USTMENTS TO ITEMIZED DEDUCTIONS (INDIVIDUALS ONLY):                                                                                                                                                                                       |  |  |  |  |  |  |
| 9.  | Enter your adjusted gross income without the NOL deduction for the NOL year entered above or later years. (See instructions.)                                                                                                             |  |  |  |  |  |  |
| 10. | Combine lines 3a, 3b, and 4 above                                                                                                                                                                                                         |  |  |  |  |  |  |
| 11. | Modified adjusted gross income. Combine lines 9 and 10 above                                                                                                                                                                              |  |  |  |  |  |  |
| ADJ | USTMENT TO MEDICAL EXPENSES:                                                                                                                                                                                                              |  |  |  |  |  |  |
| 12. | Enter your medical expenses from Schedule A (Form 1040), line 4                                                                                                                                                                           |  |  |  |  |  |  |
| 13. | Enter your medical expenses from Schedule A (Form 1040), line 1                                                                                                                                                                           |  |  |  |  |  |  |
| 14. | Multiply line 11 above by 7.5% (.075)                                                                                                                                                                                                     |  |  |  |  |  |  |
| 15. | Subtract line 14 from line 13. Enter the result (but not less than zero)                                                                                                                                                                  |  |  |  |  |  |  |
| 16. | Subtract line 15 from line 12                                                                                                                                                                                                             |  |  |  |  |  |  |
|     | USTMENT TO CHARITABLE CONTRIBUTIONS:                                                                                                                                                                                                      |  |  |  |  |  |  |
| 17. | Enter your charitable contributions deduction from Schedule A (Form 1040), line 18                                                                                                                                                        |  |  |  |  |  |  |
| 18. | Refigure your charitable contributions deduction using line 11 above as your adjusted gross income. (See instructions)                                                                                                                    |  |  |  |  |  |  |
| 19. | Subtract line 18 from line 17                                                                                                                                                                                                             |  |  |  |  |  |  |
|     | USTMENT TO CASUALTY AND THEFT LOSSES:                                                                                                                                                                                                     |  |  |  |  |  |  |
| 20. | Enter your casualty and theft losses from Form 4684, line 18                                                                                                                                                                              |  |  |  |  |  |  |
| 21. | Enter your casualty and theft losses from Form 4684, line 16                                                                                                                                                                              |  |  |  |  |  |  |
| 22. | Multiply line 11 above by 10% (.10)                                                                                                                                                                                                       |  |  |  |  |  |  |
|     | Subtract line 22 from line 21. Enter the result (but not less than zero)                                                                                                                                                                  |  |  |  |  |  |  |
|     | Subtract line 23 from line 20                                                                                                                                                                                                             |  |  |  |  |  |  |
|     | USTMENT TO MISCELLANEOUS DEDUCTIONS:                                                                                                                                                                                                      |  |  |  |  |  |  |
|     | Enter your miscellaneous deductions from Schedule A (Form 1040), line 26                                                                                                                                                                  |  |  |  |  |  |  |
| 26. | Enter your miscellaneous deductions from Schedule A (Form 1040), line 23                                                                                                                                                                  |  |  |  |  |  |  |
| 27. | Multiply line 11 above by 2% (.02)                                                                                                                                                                                                        |  |  |  |  |  |  |
| 28. | Subtract line 27 from line 26. Enter the result (but not less than zero)                                                                                                                                                                  |  |  |  |  |  |  |
|     | Subtract line 28 from line 25                                                                                                                                                                                                             |  |  |  |  |  |  |
|     | TENTATIVE TOTAL ADJUSTMENT:                                                                                                                                                                                                               |  |  |  |  |  |  |
| 30. | Combine lines 16, 19, 24, and 29, and enter the result here. If line 11 above is \$126,600 or less (\$63,300 or less if married filing separately), also enter the result on line 5 above and <b>stop here</b> . Otherwise, go to line 31 |  |  |  |  |  |  |

\*Note: If you choose to waive the carryback period, and instead you choose to only carry your 1999 NOL forward, use Schedule A, Form 1045 to compute your 1999 NOL that will be carried over to 2000. Report your 1999 NOL from line 27, Schedule A, Form 1045 on the "other income" line of Form 1040 or the line on Form 1041 for deductions NOT subject to the 2% floor in 2000.

### Table 1. (Continued)

| ADJ | ADJUSTMENT TO OVERALL ITEMIZED LIMIT:                                                                                                       |  |  |  |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 31. | Enter the amount on Schedule A (Form 1040), line 28                                                                                         |  |  |  |  |
| 32. | Add lines 15, 18, 23, and 28, and the amounts on Schedule A (Form 1040), lines 9, 14, and 27 .                                              |  |  |  |  |
| 33. | Add lines 15 and 23, the amount on Schedule A (Form 1040), line 13, and any gambling losses included on Schedule A (Form 1040), line 27     |  |  |  |  |
| 34. | Subtract line 33 from line 32. If the result is zero, enter the amount from line 30 on line 5 above and stop here. Otherwise, go to line 35 |  |  |  |  |
| 35. | Multiply line 34 by 80% (.80)                                                                                                               |  |  |  |  |
| 36. | Subtract \$126,600 (\$63,300 if married filing separately) from the amount on line 11                                                       |  |  |  |  |
| 37. | Multiply line 36 by 3% (.03)                                                                                                                |  |  |  |  |
| 38. | Enter the smaller of line 35 or line 37                                                                                                     |  |  |  |  |
| 39. | Subtract line 38 from line 32. Enter the result (but not less than your standard deduction amount) .                                        |  |  |  |  |
| 40. | Subtract line 39 from line 31. Enter the result here and on line 5                                                                          |  |  |  |  |

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- **504** Divorced or Separated Individuals
- 505 Tax Withholding and Estimated Tax
- **508** Tax Benefits for Work-Related Education
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|-------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1040 U.S. Individual Income Tax Return Sch A & B Itemized Deductions & Interest and Ordinary Dividends                  | 11320<br>11330          | 2106 Employee Business Expenses 2106-EZ Unreimbursed Employee Business Expenses                                                                | 11700<br>20604          |
| Sch C Profit or Loss From Business<br>Sch C-EZ Net Profit From Business                                                 | 11334<br>14374          | 2210 Underpayment of Estimated Tax by Individuals, Estates, and Trusts 2441 Child and Dependent Care Expenses                                  | 11744<br>11862          |
| Sch D Capital Gains and Losses Sch D-1 Continuation Sheet for Schedule D Sch E Supplemental Income and Loss             | 11338<br>10424<br>11344 | 2848 Power of Attorney and Declaration of Representative                                                                                       | 11980                   |
| Sch EIC Earned Income Credit Sch F Profit or Loss From Farming                                                          | 13339<br>11346          | <ul> <li>3903 Moving Expenses</li> <li>4562 Depreciation and Amortization</li> <li>4868 Application for Automatic Extension of Time</li> </ul> | 12490<br>12906<br>13141 |
| Sch H Household Employment Taxes Sch J Farm Income Averaging Sch R Credit for the Elderly or the Disabled               | 12187<br>25513<br>11359 | To File U.S. Individual Income Tax Return  4952 Investment Interest Expense Deduction                                                          | 13177                   |
| Sch SE Self-Employment Tax  1040A U.S. Individual Income Tax Return                                                     | 11358<br>11327          | 5329 Additional Taxes Attributable to IRAs, Other<br>Qualified Retirement Plans, Annuities,<br>Modified Endowment Contracts, and MSAs          | 13329                   |
| Sch 1 Interest and Ordinary Dividends for Form 1040A Filers                                                             | 12075                   | 6251 Alternative Minimum Tax-Individuals 8283 Noncash Charitable Contributions                                                                 | 13600<br>62299          |
| Sch 2 Child and Dependent Care Expenses for Form 1040A Filers Sch 3 Credit for the Elderly or the                       | 10749<br>12064          | 8582 Passive Activity Loss Limitations<br>8606 Nondeductible IRAs                                                                              | 63704<br>63966          |
| Disabled for Form 1040A Filers  1040EZ Income Tax Return for Single and                                                 | 11329                   | 8812 Additional Child Tax Credit 8822 Change of Address                                                                                        | 10644<br>12081          |
| Joint Filers With No Dependents  1040-ES Estimated Tax for Individuals  1040X Amended U.S. Individual Income Tax Return | 11340<br>11360          | 8829 Expenses for Business Use of Your Home<br>8863 Education Credits                                                                          | 13232<br>25379          |