

**Carryback of Wisconsin
Net Operating Loss (NOL)**

2017

Check here if an estate or trust

Legal last name – Individual	Legal first name	M.I.	Social security number
If married, spouse's legal last name	Legal first name	M.I.	Spouse's social security number
Legal name – Estate/Trust			Estate's / Trust's federal EIN
Address (number and street)	City or post office	State	Zip code

a. If you filed a joint return (or separate return) for one, but not both, of the tax years involved in figuring the carryback, list the years and specify whether joint (J) or separate (S) return for each ▼

b. If SSN for carryback year is different from above, enter

Social Security Number



Computation of Decrease in Tax		Column A Before Carryback	2017	Column B After Carryback
1 NOL deduction	1	.00		
2 Wisconsin income	2	.00		.00
3 Standard deduction	3	.00		.00
4 Subtract line 3 from line 2	4	.00		.00
5 Exemptions	5	.00		.00
6 Taxable income. Subtract line 5 from line 4	6	.00		.00
7 Tax	7	.00		.00
8 Certain credits before alternative minimum tax	8	.00		.00
9 Subtract line 8 from line 7. If less than zero, fill in a 0 (zero) . .	9	.00		.00
10 Alternative minimum tax	10	.00		.00
11 Add lines 9 and 10	11	.00		.00
12 Other credits	12	.00		.00
13 Subtract line 12 from line 11. If less than zero, fill in a 0 (zero). This is your net tax	13	.00		.00
14 Enter amount from line 13 of Column B on line 14 of Column A	14	.00		
15 Decrease in tax. Subtract line 14 from line 13. This is the amount of your refund	15	.00		

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here ▶	Your Signature	Spouse's Signature (if joint return)	Date

Third Party Designee Complete below to allow another person to discuss this return with the Wisconsin Department of Revenue.

Designee's name (print) ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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