Tab to navigate within form. Use mouse to check applicable boxes, press spacebar or press Enter.

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Schedule **NOL1**

Wisconsin Department of Revenue

# Wisconsin Net Operating Loss Deduction

File with Wisconsin Form 1, 1NPR, or 2

**2019**

| Name(s) shown on Form 1, 1NPR, or 2 | Your social security number |
|---|---|
| | |

**Note: Enter all amounts as positive numbers unless otherwise indicated. Use a minus (-) sign for negative amounts.**

| | | | | |
|---|---|---|---|---|
| 1 | Wisconsin income from 2019 Form 1, line 13. Estates and trusts, skip lines 1 and 2 (see instructions for Form 1NPR) | 1 | .00 | |
| 2 | Allowable federal standard deduction. Enter this amount as a negative number | 2 | .00 | |
| 3 | Combine lines 1 and 2. Estates and trusts, fill in your Wisconsin income increased by the sum of the charitable deduction and income distribution deduction allowed on your federal tax return | 3 | | .00 |
| | **Note:** *If line 3 is zero or more, do not complete rest of worksheet. You* ***do not*** *have an NOL* | | | |
| | **Adjustments:** | | | |
| 4 | Fill in Wisconsin capital gain exclusion and the amount of long-term capital gain deferred or excluded due to investment in a qualified Wisconsin business | 4 | | .00 |
| 5 | Estates and trusts, fill in as a positive number the exemption amount from your federal tax return | 5 | | .00 |
| 6 | Total **nonbusiness** capital losses disregarding capital loss deduction limitation. Fill in as a positive number | 6 | .00 | |
| 7 | Total **nonbusiness** capital gains | 7 | .00 | |
| 8 | If line 6 is more than line 7, fill in difference; otherwise, fill in -0- | 8 | .00 | |
| 9 | If line 7 is more than line 6, fill in difference | 9 | .00 | |
| 10 | **Nonbusiness** deductions. Fill in as a positive number | 10 | .00 | |
| 11 | **Nonbusiness** income other than capital gains | 11 | .00 | |
| 12 | Add lines 9 and 11 | 12 | .00 | |
| 13 | If line 10 is more than line 12, fill in difference; otherwise, fill in -0- | 13 | | .00 |
| 14 | If line 12 is more than line 10, fill in difference; otherwise, fill in -0-. Do not fill in more than line 9 | 14 | .00 | |
| 15 | Total **business** capital losses disregarding capital loss deduction limitation. Fill in as a positive number | 15 | .00 | |
| 16 | Total **business** capital gains disregarding capital gain exclusion | 16 | .00 | |
| 17 | Add lines 14 and 16 | 17 | .00 | |
| 18 | If line 15 is more than line 17, fill in difference; otherwise, fill in -0- | 18 | .00 | |
| 19 | Add lines 8 and 18 | 19 | .00 | |
| 20 | Fill in as a positive number the loss, if any, from line 18 of Schedule WD (line 18 of Schedule 2WD (Form 2) for estates and trusts). If you do not have a loss on that line, skip lines 20 through 22 and fill in on line 23 the amount from line 19 | 20 | .00 | |
| 21 | Fill in as a positive number the loss from line 28 of Schedule WD (line 28 of Schedule 2WD (Form 2) for estates and trusts) | 21 | .00 | |
| 22 | Subtract line 21 from line 20 | 22 | .00 | |
| 23 | Subtract line 22 from line 19. If zero or less, fill in -0- | 23 | | .00 |
| 24 | **Net operating loss** deduction for losses from other years. Fill in as a positive number | 24 | | .00 |
| 25 | Net operating loss. Combine lines 3, 4, 5, 13, 23, and 24. If the combined amount is less than zero, this is your Wisconsin NOL. If the combined amount is zero or more, you **do not** have an NOL | 25 | | .00 |