

Carryback of Wisconsin  
Net Operating Loss (NOL)

2024

- ☐ Check here if an amended return
- ☐ 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	2024 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 Nonrefundable credits . . . . .	8	.00	.00
9 Subtract line 8 from line 7. If less than zero, fill in a 0 (zero). This is your net tax . . . . .	9	.00	.00
10 Enter amount from line 9 of Column B on line 10 of Column A . . . . .	10	.00	
11 Decrease in tax. Subtract line 10 from line 9. This is the amount of your refund . . . . .	11	.00	
12 AMENDED RETURN ONLY – Amount previously refunded (see page 3) . . . . .	12	.00	
13 AMENDED RETURN ONLY – If line 11 is more than line 12, subtract line 12 from line 11. This is the amount of your refund . . . . .	13	.00	
14 AMENDED RETURN ONLY – If line 12 is more than line 11, subtract line 11 from line 12. This is the amount you owe . . . . .	14	.00	
15 AMENDED RETURN ONLY – Interest (see page 3) . . . . .	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 <i>(If joint return)</i>	Date
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**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) ▶

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