FORM X-NOL

\_\_\_ Check here if an estate or trust

## Carryback of Wisconsin Net Operating Loss (NOL)

<b>20</b> 1	14
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Legal last name – Individual or estate	Legal first name	M.I.	Social security number
	9		
If married, spouse's legal last name	Legal first name	M.I.	Spouse's social security number
	, and the second		, ,
Legal name – 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.	<ul> <li>If SSN for carryback year is different from abo</li> </ul>		
	enter	Social Security Number	

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Computation of Decrease in Tax	Column A 20 Before Carryback	14 <i>Column B</i> After Carryback
1 NOL deduction	.00	
2 Wisconsin income	.00	.00
3 Standard deduction	.00	.00
4 Subtract line 3 from line 2 4	.00	.00
5 Exemptions	.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 zero (-0-) 9	.00	.00
10 Alternative minimum tax	.00	.00
11 Add lines 9 and 10	.00	.00
12 Other credits	.00	.00
13 Subtract line 12 from line 11. If less than zero, fill in a zero (-0-). This is your net tax	.00	.00
14 Enter amount from line 13 of Column B on line 14 of Column A	.00	
15 Decrease in tax. Subtract line 14 from line 13. This is the amount of your refund	.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	Complete below to allow another person to discuss this return with the Wisconsin Department of Revenue.		
Party Designee	Designee's name (print)	Phone no. ▶ ( )	Personal identification number (PIN)