

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

2012

Check here if an estate or trust

| | | | |
|--|---------------------|-------|---------------------------------|
| Legal last name – Individual or estate | 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 – 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 | 2012 | 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 zero (-0-) | 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 zero (-0-). 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) ▶ |
|---------------------------|-----------------|--|