FORM **X-NOL**

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
CARRYBACK	TEST		400 00 5622
If married, spouse's legal last name	Legal first name	M.I.	Spouse's social security number
CARRYBACK	MISSES		400 00 5633
Legal name – Trust			Estate's / Trust's federal EIN
Address *(number and street)*	City or post office	State	Zip code
8622 Flamingo	Madison	WI	53704

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	15000.00	
2 Wisconsin income	2	85000.00	70000.00
3 Standard deduction	3	4625.00	7591.00
4 Subtract line 3 from line 2	4	80375.00	62408.00
5 Exemptions	5	2800.00	2800.00
6 Taxable income. Subtract line 5 from line 4	6	77575.00	59608.00
7 Tax	7	4724.00	3560.00
8 Certain credits before alternative minimum tax	8	300.00	300.00
9 Subtract line 8 from line 7. If less than zero, fill in a zero (-0-)	9	4424.00	3260.00
10 Alternative minimum tax	10	0.00	0.00
11 Add lines 9 and 10	11	4424.00	3260.00
12 Other credits	12	480.00	480.00
13 Subtract line 12 from line 11. If less than zero, fill in a zero (-0-). This is your net tax	13	3944.00	2780.00
14 Enter amount from line 13 of Column B on line 14 of Column A	14	2780.00	
15 Decrease in tax. Subtract line 14 from line 13. This is the amount of your refund	15	1164.00	

NOT A DRAFT

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) ▶

Test 30 - X-NOL (2012)

Worksheet 1 — 2014 Wisconsin NOL

1	Wisconsin income from 2014 Form 1, line 13. Estates and trusts, skip lines 1 and 2			1	(37600)	
2	Allowable federal standard deduction			2	(12400)	
3	Combine lines 1 and 2. Estates and trusts, fill in your Wisconsin taxable income increased by the sum of the charitable deduction and income distribution deduction allowed on your federal tax return					3 (50000)
	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 due to investment in a qualified Wisconsin business					4 5000
5	Estates and trusts, fill in as a positive number the exemption amount from your federal tax return					5
6	Total **nonbusiness** capital losses disregarding capital loss deduction limitation. Fill in as a positive number			6		
7	Total **nonbusiness** capital gains			7	4000	
8	If line 6 is more than line 7, fill in difference; otherwise, fill in -0-			8	0	
9	If line 7 is more than line 6, fill in difference; otherwise, fill in -0-	9	4000			
10	**Nonbusiness** deductions. Fill in as a positive number			10	40000	
11	**Nonbusiness** income other than capital gains	11	6000			
12	Add lines 9 and 11			12	10000	
13	If line 10 is more than line 12, fill in difference; otherwise, fill in -0-					13 30000
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	0			
15	Total **business** capital losses disregarding capital loss deduction limitation. Fill in as a positive number			15	0	
16	Total **business** capital gains disregarding capital gain exclusion	16	0			
17	Add lines 14 and 16			17	0	
18	If line 15 is more than line 17, fill in difference; otherwise, fill in -0-			18	0	
19	Add lines 8 and 18			19	0	
20	Fill in as a positive number the loss, if any, from line 18 of Schedule WD (line 18 of Schedule WD (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	0	
21	Fill in as a positive number the loss from line 28 of Schedule WD (line 28 of Schedule WD (Form 2) for estates and trusts)			21	0	
22	Subtract line 21 from line 20			22	0	
23	Subtract line 22 from line 19. If zero or less, fill in -0-					23 0
24	Net operating loss deduction for losses from other years. Fill in as a positive number					24 0
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 (15000)