

Note: The draft you are looking for begins on the next page.

## Caution: DRAFT—NOT FOR FILING

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Most forms and publications have a page on IRS.gov: <a href="IRS.gov/Form1040">IRS.gov/Form1040</a> for Form 1040; <a href="IRS.gov/Pub501">IRS.gov/Pub501</a> for Pub. 501; <a href="IRS.gov/W4">IRS.gov/W4</a> for Form W-4; and <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at <a href="IRS.gov/FormsComments">IRS.gov/FormsComments</a>. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501", etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each "NTF" message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click <a href="here">here</a>.

### TREASURY/IRS AND OMB USE ONLY DRAFT

# 1045

Department of the Treasury Internal Revenue Service

### **Application for Tentative Refund**

Go to www.irs.gov/Form1045 for instructions and the latest information.

For individuals, estates, or trusts.

File application on or after the date you file your annual income tax return.

OMB No. 1545-0098

2025

Name(s) shown on return Social security or employer identification number Address (number and street). If a P.O. box, see instructions. Spouse's social security number (SSN) Apt. or suite no. City, town, or post office State ZIP code Daytime phone number Complete spaces below for foreign address. (See instructions.) Foreign country name Foreign province/state/county Foreign postal code This application is a Net operating loss (NOL) (Form 172) **b** Unused general business credit c Net section 1256 contracts loss 1 filed to carry back: For the calendar year 2025, or other tax year **b** Date tax return was filed , 2025, and ending , 20 If you are resubmitting Form 1045 in response to IRS correspondence, attach a copy of the correspondence and check the box . . . 2c If this application is for an unused credit created by another carryback, enter year of first carryback: 3 If you filed a joint return (or separate return) for some, but not all, of the tax years involved in figuring the carryback, list the years 4 and specify whether joint (J) or separate (S) return for each (see instructions): If SSN for carryback year is different from above, enter **a** SSN: \_\_\_\_\_ and **b** Year(s): \_\_\_\_\_ If you changed your accounting period, give date permission to change was granted: 6 7 Is any part of the decrease in tax due to a loss or credit resulting from a reportable transaction required to be If you are carrying back an NOL or a net section 1256 contracts loss, did this cause the release of foreign tax **Computation of Decrease in Tax** preceding preceding preceding (see instructions) tax year ended: tax year ended: tax year ended: Before After Before Before After carryback carryback carryback carryback carryback carryback Note: If 1a and 1c are blank, skip lines 10 through 15. 10 NOL deduction after carryback (see instructions) . . . . . . 11 Adjusted gross income . . . 12 Deductions (see instructions) Subtract line 12 from line 11 13 14 Exemptions (see instructions) Taxable income. Line 13 minus line 14 15 16 Income tax. See instructions and attach an explanation . . . . . . . Excess advance payment(s) for premium 17 tax credit (see instructions) . . . . 18 Alternative minimum tax . . . . .

Cat. No. 10670A

Add lines 16 through 18 . . . .

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# DRAFT — DO NOT FI

### TREASURY/IRS AND OMB USE ONLY DRAFT

Form 1045 (2025) Page 2 preceding preceding preceding **Computation of Decrease in Tax** (continued) tax year ended: tax year ended: tax year ended: Before After Before After Before After carryback carryback carryback carryback carryback carryback 20 General business credit (see instructions) 21 Net premium tax credit and child tax credit (see instructions) . . . . 22 Other credits. Identify . 23 Total credits. Add lines 20 through 22 24 Subtract line 23 from line 19 25 Self-employment tax (see instructions) 26 Additional Medicare Tax (see instructions) 27 Net Investment Income Tax (see instructions) . Reserved for future use . . 28 Other taxes . . . . 29 30 Total tax. Add lines 24 through 29. 31 Enter the amount from the "After carryback" column on line 30 for each year 32 Decrease in tax. Line 30 minus line 31 Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation) 33 33 34 Complete direct deposit information for any refund from line(s) 32 and/or 33. (See instructions.) **b** Type: Checking а Routing number Savings **c** Account number Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and, to the best of my knowledge Sign and belief, they are true, correct, and complete. Your signature Date Here Кеер а сору of this application Spouse's signature. If Form 1045 is filed jointly, both must sign. for your records. PTIN Preparer's name Preparer's signature Date Check if Paid self-employed **Preparer Use Only** Firm's EIN Firm's name Firm's address Phone no.