



Computation of Decrease in Tax (continued)		_____ preceding		_____ preceding		_____ preceding	
		tax year ended ►		tax year ended ►		tax year ended ►	
		Before carryback	After carryback	Before carryback	After carryback	Before carryback	After carryback
<b>20</b>	General business credit (see instructions) . . .						
<b>21</b>	Net premium tax credit (see instructions) . . .						
<b>22</b>	Other credits. Identify . . . . .						
<b>23</b>	Total credits. Add lines 20 through 22 . . .						
<b>24</b>	Subtract line 23 from line 19 . . . . .						
<b>25</b>	Self-employment tax (see instructions) . . .						
<b>26</b>	Additional Medicare Tax (see instructions) . .						
<b>27</b>	Net Investment Income Tax (see instructions) . . . . .						
<b>28</b>	Health care: individual responsibility (see instructions) . . . . .						
<b>29</b>	Other taxes . . . . .						
<b>30</b>	Total tax. Add lines 24 through 29 . . . . .						
<b>31</b>	Enter the amount from the "After carryback" column on line 30 for each year . . . . .						
<b>32</b>	Decrease in tax. Line 30 minus line 31 . . .						
<b>33</b>	Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation) . . . . .						

Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

## Sign Here

Keep a copy of this application for your records.

Your signature 	Date
Spouse's signature. If Form 1045 is filed jointly, <b>both</b> must sign. 	Date

<b>Paid Preparer Use Only</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Print/Type preparer's name			
	Firm's name ►	Firm's EIN ►		
	Firm's address ►	Phone no.		