

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) . . . . .						

**Sign Here**

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.

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.		