Form 1045 ATS Test Scenario 1
Taxpayer: Sam Gardenia
SSN: 401-00-1045

Test Scenario 1 includes the following forms:

- **Form 1045**
- **Form 172**

Binary Attachments:
Binary Attachment 8453 Signature Document
Refigured Tax Statement

Header Information:

Date 1045 filed: 6/1/2027

Tax Period: 01/01/2026 – 12/31/2026

Originator: EFIN: Self-select
OriginatorTypeCd: ERO

PIN Type: Self-Select On-Line

Jurat Disclosure: Self Select PIN By ERO

Primary Signature: PrimaryPINEnteredByCd: ERO
PrimarySignaturePIN: Self-select
PrimarySignatureDt: 6/1/2027

TREASURY/IRS AND OMB USE ONLY DRAFT

Version A, Cycle 2

Form **1045**

Department of the Treasury
Internal Revenue Service

Application for Tentative Refund

For individuals, estates, or trusts.
File application on or after the date you file your annual income tax return.
Go to *www.irs.gov/Form1045* for instructions and the latest information.

OMB No. 1545-0074

2026

Name(s) shown on return			Social security or employer identification number
SAM GARDENIA			401-00-1045
Address (number and street). If a P.O. box, see instructions.		Apt. or suite no.	Spouse's social security number (SSN)
231 RED RUN STREET			
City, town, or post office	State	ZIP code	Daytime phone number
ANYTOWN	KY	41011	

Complete spaces below for foreign address. (See instructions.)

Foreign country name	Foreign province/state/county	Foreign postal code

1	This application is filed to carry back:	**1a** Net operating loss (NOL) (Form 172) $ (305,000)	**1b** Unused general business credit $	**1c** Net section 1256 contracts loss $
2a	For the calendar year 2026, or other tax year beginning 01/01, 2026, and ending 12/31, 20 26		**2b** Date tax return was filed 06/01/2027	

2c If you are resubmitting Form 1045 in response to IRS correspondence, attach a copy of the correspondence and check the box . . . ☐

3 If this application is for an unused credit created by another carryback, enter year of first carryback: _____

4 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 and specify whether joint (J) or separate (S) return for each (see instructions): _____

5 If SSN for carryback year is different from above, enter **5a** SSN: _____ and **5b** Year(s): _____

6 If you changed your accounting period, give date permission to change was granted: _____

7 Have you filed a petition in Tax Court for the year(s) to which the carryback is to be applied? . . . . . ☐ **Yes** ☐ **No**

8 Is any part of the decrease in tax due to a loss or credit resulting from a reportable transaction required to be disclosed on Form 8886, Reportable Transaction Disclosure Statement? . . . . . ☐ **Yes** ☐ **No**

9 If you are carrying back an NOL or a net section 1256 contracts loss, did this cause the release of foreign tax credits or the release of other credits due to the release of the foreign tax credit (see instructions)? . . . . ☐ **Yes** ☑ **No**

Computation of Decrease in Tax

(see instructions)

Note: If **1a** and **1c** are blank, skip lines 10 through 15.

		2ND preceding tax year ended: 12/31/24		1ST preceding tax year ended: 12/31/25		_____ preceding tax year ended: _____	
		Before carryback	After carryback	Before carryback	After carryback	Before carryback	After carryback
10	NOL deduction after carryback (see instructions)		(305,000)		(242,500)		
11	Adjusted gross income	50,000	(255,000)	105,000	(137,500)		
12	Deductions (see instructions)	30,000	30,000	30,000	30,000		
13	Subtract line 12 from line 11	20,000	(285,000)	75,000	(167,500)		
14	Exemptions (see instructions)						
15	Taxable income. Line 13 minus line 14	20,000	(285,000)	75,000	(167,500)		
16	Income tax. See instructions and attach an explanation	2,204		12,123	1,000		
17	Excess advance payment(s) for premium tax credit (see instructions)						
18	Alternative minimum tax						
19	Add lines 16 through 18	2,204		12,123	1,000		

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Computation of Decrease in Tax
(continued)

		2ND preceding tax year ended: 12/31/24		1ST preceding tax year ended: 12/31/25		_____ preceding tax year ended: _____	
		Before carryback	After carryback	Before carryback	After carryback	Before carryback	After 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	2,204		12,123	1,000		
25	Self-employment tax (see instructions)	6,150	6,150	12,915	12,915		
26	Additional Medicare Tax (see instructions)						
27	Net Investment Income Tax (see instructions)						
28	Reserved for future use						
29	Other taxes						
30	Total tax. Add lines 24 through 29	8,354	6,150	25,038	13,915		
31	Enter the amount from the "After carryback" column on line 30 for each year	6,150		13,915			
32	Decrease in tax. Line 30 minus line 31	2,204		11,123			

33 Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation) **33**

34 Complete direct deposit information for any refund from line(s) 32 and/or 33. (See instructions.)

34a Routing number **34b** Type: ☐ Checking ☐ Savings

34c Account number

Sign Here

Keep a copy of this application for your records.

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.

Your signature — Date

Spouse's signature. If Form 1045 is filed jointly, **both** must sign. — Date

Paid Preparer Use Only

Preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN

Firm's name | Firm's EIN

Firm's address | Phone no.

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Form **172**
(December 2024)
Department of the Treasury
Internal Revenue Service

Net Operating Losses (NOLs)

For Individuals, Estates, and Trusts.
Go to *www.irs.gov/Form172* for instructions and the latest information.

OMB No. 1545-0074

For calendar year 2026, or other tax year beginning 01/01/2026 and ending 12/31/2026

Name(s) shown on return			Social security or employer identification number
SAM GARDENIA			401-00-1045
Address (number and street). If you have a P.O. box, see instructions.		Apt. or suite no.	Spouse's social security number (SSN)
231 RED RUN STREET			
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	Daytime phone number
ANYTOWN	KY	41011	
Foreign country name	Foreign province/county		Foreign postal code

Part I NOL (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income (AGI) and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount				1	(338,000)
2	Nonbusiness capital losses before limitation. Enter as a positive number			2	20,000	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)			3		
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-			4	20,000	
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5				
6	Nonbusiness deductions (see instructions). Enter as a positive number			6	30,000	
7	Nonbusiness income other than capital gains (see instructions)	7	15,000			
8	Add lines 5 and 7			8	15,000	
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-				9	15,000
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. **But don't enter more than line 5**	10				
11	Business capital losses before limitation. Enter as a positive number			11	5,000	
12	Business capital gains (without regard to any section 1202 exclusion)	12	20,000			
13	Add lines 10 and 12			13	20,000	
14	Subtract line 13 from line 11. If zero or less, enter -0-			14	0	
15	Add lines 4 and 14			15	20,000	
16	Enter, if any, the combined net short-term and long-term capital loss from your Schedule D (Form 1040). Estates and trusts, enter, if any, the total net short-term and long-term loss from Schedule D (Form 1041). Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15			16	5,000	
17	Section 1202 exclusion. Enter as a positive number				17	
18	Subtract line 17 from line 16. If zero or less, enter -0-			18	5,000	
19	If line 16 is a loss, enter, as a positive number, the smaller of: • The loss on line 16; or • $3,000 (If filing Form 1040, $1,500 when married filing separately)			19	3,000	
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-			20	2,000	
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-				21	0
22	Subtract line 20 from line 15. If zero or less, enter -0-				22	18,000
23	NOL deduction for losses from other years. Enter as a positive number				23	
24	**NOL. Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, enter it here. If the result is zero or more, you don't have an NOL**				24	(305,000)

Part II **NOL Carryover** (see instructions)

Complete one column before going to the next column. Start with the earliest carryback year.	2nd preceding tax year ended: 12/31/2024		1st preceding tax year ended: 12/31/2025	
1 **NOL deduction.** Enter as a positive number		305,000		242,500
2 Taxable income before the current year NOL carryback. For estates and trusts, increase this amount by the sum of the charitable deduction (see instructions)	20,000		75,000	
3 Net capital loss deduction (see instructions)				
4 Section 1202 exclusion. Enter as a positive number (see instructions)				
5 Qualified business income deduction (see instructions)	42,500		26,250	
6 Adjustment to adjusted gross income (AGI) (see instructions)				
7 Adjustment to itemized deductions from line 33 below (see instructions)				
8 **Estates and trusts**, enter exemption amount				
9 **Modified taxable income.** Add lines 2 through 8. If zero or less, enter -0- . . .		62,500		101,250
10 **NOL carryover to the subsequent year.** Subtract line 9 from line 1. Enter the result from the first preceding tax year here and on the net operating loss line of Schedule 1 (Form 1040) or Form 1040-NR or the net operating loss deduction line of Form 1041. If zero or less, enter -0- (see instructions) . .		242,500		141,250
Adjustment to Itemized Deductions (Individuals Only). Complete lines 11 through 33 for the carryback year(s) for which you itemized deductions **only** if line 3, 4, or 5 above is more than zero.				
11 AGI before the current year NOL carryback .	50,000		105,000	
12 Add lines 3 through 6 above	42,500		26,250	
13 **Modified AGI.** Add lines 11 and 12 . . .	92,500		131,250	
14 Medical and dental expenses after AGI limitation from Sch. A (Form 1040), or as previously adjusted				
15 Medical and dental expenses before AGI limitation from Sch. A (Form 1040), or as previously adjusted				
16 Multiply line 13 by 7.5% (0.075)	6,938		9,844	
17 Subtract line 16 from line 15. If zero or less, enter -0-	0		0	
18 Subtract line 17 from line 14		0		0
19 Mortgage insurance premiums from Sch. A (Form 1040), for tax years before 2022, or as previously adjusted				
20 Refigured mortgage insurance premiums (see instructions)				
21 Subtract line 20 from line 19		0		0

Part II **NOL Carryover** (see instructions) *(continued)*

Complete one column before going to the next column. Start with the earliest carryback year.		2nd preceding tax year ended: 12/31/2024		1st preceding tax year ended: 12/31/2025	
22	Modified AGI from line 13	92,500		131,250	
23	Enter as a positive number any NOL carryback from a prior year that was deducted to figure line 11				
24	Add lines 22 and 23	92,500		131,250	
25	Total charitable contributions for Sch. A (Form 1040 or Form 1040-NR), or as previously adjusted (see instructions)				
26	Refigured charitable contributions (see instructions)				
27	Subtract line 26 from line 25		0		0
28	Casualty and theft losses deduction from Form 4684				
29	Casualty and theft losses before AGI limitation from Form 4684				
30	Multiply line 22 by 10% (0.10)	9,250		13,125	
31	Subtract line 30 from line 29. If zero or less, enter -0-	0		0	
32	Subtract line 31 from line 28		0		0
33	Combine lines 18, 21, 27, and 32; enter the result here and on line 7		0		0