



Filer's Full Social Security Number

## A. Earliest Year

## B. Following Year

20. Use Tax and Voluntary Contributions (see instructions) .....

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21. Tax due after NOL carryback. Add lines 19 and 20 .....

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22. Refundable credits.....

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23. Tax withheld.....

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24. Tax paid with prior returns .....

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25. Estimated tax payments .....

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26. Total. Add lines 22 through 25 .....

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27. Tax previously refunded or carried to next year.....

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28. Balance of tax paid. Subtract line 27 from line 26. If line 27 is greater than line 26, enter "0" .....

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29. **Overpayment.** Subtract line 21 from line 28.....

REFUND

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## PART 3: COMPUTE THE NOL CARRYOVER

## Section A: Carryover from the Earliest Year

## A. Earliest Year

## B. Following Year

30. Enter the lesser of line 10 or line 13.....

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31. Column A. Unused farming carryback. Subtract line 30 from line 4. If line 30 is greater than line 4, enter "0" .....

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Column B. Remaining farming NOL before modifications. Subtract line 30 from line 33, column A .....

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32. Excess Capital Loss deduction included in line 10.....

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33. Tentative NOL carryover for the following year. Subtract line 32 from line 31. If negative, enter "0." (See instructions) .....

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## Section B: Carryforward to the Year(s) After the Loss Year

34. Non-farming NOL. Subtract line 3 from line 2. If line 3 is greater than line 2, enter "0" .....

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35. Farming NOL carryforward. Enter amount from line 33, column B. If only one carryback year, enter amount from line 33, column A .....

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36. Group 2 NOL carryforward. Add lines 34 and 35.....

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**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Filer's Signature

Date

Preparer's PTIN, FEIN or SSN

Spouse's Signature

Date

Preparer's Name (print or type)

Preparer's Signature

Preparer's Business Name, Address and Telephone Number

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.Mail your completed form to: **Michigan Department of Treasury, P.O. Box 30058, Lansing, MI 48909****NOTE:** Do not file Form 5603 with Form MI-1040 for the loss year indicated above. These forms are to be mailed to different addresses. Sending these forms together may delay the processing of your return.