

Indiana Department of Revenue
Individual Income Tax
Net Operating Loss Computation

Your Name

Your Social Security Number

IMPORTANT: Indiana net operating loss deductions claimed after Dec. 31, 2011 must be carried forward.

Part 1 – Computation of Indiana Net Operating Loss _____ **Loss Year**

1. Enter as a negative amount your federal net operating loss as calculated on the last line of the federal Form 1045, Schedule A (see instructions). Note: If the amount on the last line of Form 1045, Schedule A is positive or zero, or if you are a full-year or part-year nonresident, see instructions _____

1	
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2. Enter certain add-backs from the loss year IT-40 or IT-40PNR (see instructions) _____

2	
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3. Enter as a positive amount the aggregate of any NOL from this loss year previously carried back (see instructions) _____

3	
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4. Add lines 1, 2 and 3 _____

4	
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5. Enter certain deductions from the loss year IT-40 or IT-40PNR (see instructions) _____

5	
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6. Subtract line 5 from line 4. If the amount is zero or greater, enter zero _____

6	
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7. Enter (as a negative number) any disallowed excess business loss incurred in the taxable year. See instructions if you are a full- or part-year nonresident _____

7	
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8. Add lines 6 and 7. This is your Indiana NOL available to carryforward _____ **Indiana NOL**

8	
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Part 2 - Record of Indiana NOL Application

	(1)	(2)	(3)	(4)	(5)
	Enter the year to which you are carrying the loss.	Indiana AGI available to be offset (from the Carryforward Worksheet, line 5)	Indiana NOL available for deduction (from the Carryforward Worksheet, line 6; enter as positive amount)	Enter the amount from either line 7 or line 8 of the Carryforward Worksheet.	Indiana NOL deduction: Enter the amount from line 9 of the Carryforward Worksheet
1st Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5th Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6th Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7th Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8th Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach additional sheets if necessary.

