



# Net Operating Loss Worksheet

## For tax years prior to 1999

Loss Year \_\_\_\_\_

**MONTANA**  
**NOL**  
**Rev. 8-99**

Note: For NOL's generated in tax year 1999 and forward, use Form NOL-99

### Attach NOL worksheets to all tax returns affected by NOL

Form NOL, page 1, is used to compute a net operating loss only for the year(s) you incur a loss. Do not complete page 1 for carryover or carry back years. Page 2 should be completed to record the amount of carryover or carryback absorbed each year and the remaining balance available to carry. Page 3 is used to compute the modified income for each carryover or carryback year which determines the amount of net operating loss absorbed each year.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

#### I. State Additions & Subtractions

1. Federal adjusted gross income..... 1. \_\_\_\_\_
2. Interest received on non-Montana bonds..... 2. \_\_\_\_\_
3. Federal refunds received..... 3. \_\_\_\_\_
4. Add lines 1, 2, and 3.....4. \_\_\_\_\_
5. Itemized deductions.....5. \_\_\_\_\_
6. Enter the reductions of wages under the targeted jobs credit.....6. \_\_\_\_\_
- 7a. Net non-Montana income (Only years prior to 1992. Nonresident & part year resident only).....7a. \_\_\_\_\_
- 7b. Net non-Montana losses (Only years prior to 1992. Nonresident & part year resident only).....7b. \_\_\_\_\_
8. Add lines 4, 5, 6, and 7a or 7b. (Montana NOL before adjustments.).....8. \_\_\_\_\_

#### II. Nonbusiness Deductions in Excess of Nonbusiness Income

9. Enter your nonbusiness capital losses..... 9. \_\_\_\_\_
10. Enter your nonbusiness capital gains ..... 10. \_\_\_\_\_
11. If the amount on line 9 is larger than the amount on line 10, enter the difference; otherwise, enter zero..... 11. \_\_\_\_\_
12. If the amount on line 10 is larger than the amount on line 9, enter the difference; otherwise, enter zero..... 12. \_\_\_\_\_
13. Enter your nonbusiness deductions (Itemized deductions, IRA, etc.)..... 13. \_\_\_\_\_  
(Federal income taxes must be prorated between taxable business income and taxable nonbusiness income. If you have no business income, federal income taxes are fully attributable to nonbusiness income)
14. Enter your nonbusiness income (other than capital gains).....14. \_\_\_\_\_  
(Include amounts shown on lines 2 and 3)
15. Add lines 12 and 14.....15. \_\_\_\_\_
16. If line 13 is more than line 15, enter the difference; otherwise enter zero.....16. \_\_\_\_\_

#### III. Adjustment for Capital Loss Limitation

17. If line 15 is more than line 13, enter the difference (but not more than line 12); otherwise, enter zero.....17. \_\_\_\_\_
18. Enter your business capital losses .....18. \_\_\_\_\_
19. Enter your business capital gains.....19. \_\_\_\_\_
20. Add lines 17 and 19..... 20. \_\_\_\_\_
21. If line 18 is more than line 20, enter the difference; otherwise enter zero..... 21. \_\_\_\_\_
22. Add lines 11 and 21, but no more than your capital loss limitation.....22. \_\_\_\_\_
23. Enter any Net Operating Losses from other years included in Federal adjusted gross income on line 1. (Enter as a positive number.....).....23. \_\_\_\_\_
24. Add lines 16, 22 and 23.....24. \_\_\_\_\_
25. Add lines 8 and 24. This is your **Montana Net Operating Loss**.....25. \_\_\_\_\_

Check box if you forego carryback. The election must be made on the original return.



## Calculation of Loss Absorbed in Carryover Years

	Year _____	Year _____	Year _____	Year _____
1. Federal adjusted gross income as last determined (W/O loss)	_____	_____	_____	_____
2. <u>Add:</u> Adjustments	_____	_____	_____	_____
(a) Capital Gain Deduction (federal)	_____	_____	_____	_____
(b) Non-Montana interest	_____	_____	_____	_____
(c) Federal refund	_____	_____	_____	_____
(d) Capital loss deduction	_____	_____	_____	_____
3. Federal adjusted gross income as adjusted (add lines 1, 2a, 2b, 2c and 2d)	_____	_____	_____	_____
4. Less: Itemized Deductions or Standard Deduction Complete lines A through O.	_____	_____	_____	_____
5. Modified Income (NOL absorbed) (line 3 minus line 4)	_____	_____	_____	_____
<b>Itemized Deductions</b>				
A. 50% medical insurance premiums (1995 & 1996). 100% medical insurance premiums (beginning 1997). *	_____	_____	_____	_____
B. Unadjusted medical expenses	_____	_____	_____	_____
C. 7.5% of line 3 (5% for 1986)	_____	_____	_____	_____
D. Subtract C from B	* _____	_____	_____	_____
E. Taxes	* _____	_____	_____	_____
F. Interest	* _____	_____	_____	_____
G. Contributions	* _____	_____	_____	_____
H. Unadjusted casualty Loss From Form 4684	_____	_____	_____	_____
I. 10% of Line 3	_____	_____	_____	_____
J. Subtract I from H	* _____	_____	_____	_____
K. Unadjusted miscellaneous expenses	_____	_____	_____	_____
L. 2% of line 3	_____	_____	_____	_____
M. Subtract line L from K	* _____	_____	_____	_____
N. Miscellaneous deductions (Not subject to 2%)	* _____	_____	_____	_____
O. Total: (Add lines marked with * A, D, E, F, G, J, M and N)	_____	_____	_____	_____

**NOTE:** If carryover of a NOL is more than 4 years, attach an additional worksheet.  
Line 1 may have to be adjusted when dealing with more than one NOL within the same year.