

**SCHEDULE NOL-CF
Form 720**

41A720NOL-CF (10-09)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE



Taxable Year Ending
____/____
Mo. Yr.

**KENTUCKY
KNOL CARRYFORWARD SCHEDULE**

Common Parent Corporation				Kentucky Corporation/LLET Account Number _____	
	A Kentucky Corp/LLET Acct. No.	B Filing Status Prior Year		C Prior Year Consolidated Parent	
		Separate Entity	Consol Group	Name	Kentucky Corporation/LLET Account Number
Name(s) of Affiliate(s):					
1				1	
2				2	
3				3	
4				4	
5				5	
6				6	
7				7	
8				8	
9				9	
10				10	
11				11	
12				12	
13				13	
14				14	
15				15	

Purpose of Form—This form shall be completed, and submitted, with nexus consolidated income tax returns if the affiliated group includes any members that were not a member of the affiliated group last year, and have an NOL carryforward.

Specific Instructions

Common Parent Corporation—Enter the name and Kentucky Corporation/LLET Account Number for the entity filing the return.

Column A—For each new member enter the Kentucky Corporation/LLET Account Number.

Column B—Enter the prior year’s filing status for each member that was not a member of the affiliated group last year indicating if the member filed as a separate entity or as a member of a different consolidated group.

Column C—If a member was part of a different affiliated group last year, enter the name and Kentucky Corporation/LLET Account Number for the entity that filed the return.