

SCHEDULE NOL-CF

41A720NOL-CF (10-12)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE



Taxable Year Ending

____/____
Mo. Yr.

- See instructions.
- Attach to Form 720.

**KENTUCKY
NOL CARRYFORWARD SCHEDULE**

Name of Corporation	Federal Identification Number	Kentucky Corporation/LLET Account Number
_____	____-____	_____

A			B		
Name of Member	Kentucky Corp/LLET Acct. No.	NOL Carryforward Amount	Name of Prior Year Consolidated Parent	Kentucky Corp/LLET Acct. No.	
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 Schedule—This schedule shall be completed and submitted with a mandatory nexus consolidated tax return if the affiliated group includes a member having an NOL carryforward that was not a member of the affiliated group in the prior year.

Specific Instructions

Name of Corporation—Enter the name, Federal Identification Number and Kentucky Corporation/LLET Account Number.

Column A—For each new member having an NOL carryforward, enter the name, Kentucky Corporation/LLET Account Number, and NOL carryforward amount. **A corporation does not have an NOL carryforward if it did not have Kentucky nexus during the tax year of the NOL.**

Column B—If a new member was a member of a consolidated group in the prior year, enter the name and Kentucky Corporation/LLET Account Number of the parent of the consolidated group.