

SCHEDULE NOL-CF

41A720NOL-CF (10-13)
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 _____
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A			B		
1	Name of Member	Kentucky Corp/LLET Acct. No.	NOL Carryforward Amount	1	Name of Prior Year Consolidated Parent
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.