

WEST VIRGINIA STATE TAX DEPARTMENT
SCHEDULE UNOLC-1
CREDIT FOR UTILITY NET OPERATING LOSS CARRYOVERS



BUSINESS NAME _____

IDENTIFICATION NUMBER _____

TAX PERIOD

MM

DD

YYYY

TO

MM

DD

YYYY

Part A - Qualification

Note: The Credit for Utility Net Operating Loss Carryovers is only available for tax years beginning on or after January 1, 2008.

In order to claim a Credit for Utility Net Operating Loss Carryovers, all of the following must be satisfied:

- I. The Taxpayer, or an affiliate*, is subject to the Business and Occupation Tax prescribed by West Virginia Code §11-13-1 et seq. and is exercising any privilege taxable under West Virginia Code §11-13-2o.

[*A group that has elected to file a consolidated Corporation Net Income Tax return is eligible if one or more of the affiliates included would qualify.]

- II. The Taxpayer had a West Virginia net operating loss carryover that existed as of December 31, 2006.

If items I and II above have been satisfied, please complete the following:

Name(s) and Federal Employer Identification Number(s) of Affiliates(s) meeting Item I above (attach extra page(s) as needed):		
Name		FEIN

Part B - Total Available Credit Calculation

1. Amount of West Virginia Net Operating Loss Carryover that existed as of December 31, 2006 1. \$ _____
2. Total Amount of Utility Net Operating Loss Credit Available (0.25% {0.0025} of the West Virginia Net Operating Loss of December 31, 2006 2. \$ _____

Part C - Annual Credit Computation and Reconciliation

Tax Year Ending (mm/dd/yyyy)	(A) Beginning Balance of Total Available Utility Net Operating Loss Carryover Credit	(B) Corporation Net Income Tax Liability	(C) Other Tax Credits Claimed	(D) Adjusted Tax Liability [Col B - Col C]	(E) Utility Net Operating Loss Carryover Credit Applied* [Lesser of Amounts in Col. A and Col. D]	(F) Available Utility Net Operating Loss Carryover Credit Remaining (Amount on Line 2 less cumulative to date amount of Col. E)

*Enter the amount of Utility Net Operating Loss Carryover Credit Applied (Column E above) for the current tax year on Summary of Corporation Net Income Tax / Business Franchise Tax Credits (Schedule/Form WV/CNF-120TC).

Under penalties of perjury, I declare that I have examined this credit claim form (including accompanying schedules and statements) and to the best of my knowledge it is true, and complete.

Signature of Taxpayer

Name of Taxpayer: Type or Print

Title

Date

Person to Contact Concerning this Return

Telephone Number

Signature of Preparer other than Taxpayer

Address

Title

Date