FORM **56**
EFO00051
07-10-13

# IDAHO NET OPERATING LOSS CARRYFORWARD/CARRYBACK

| Name(s) as shown on return | Social Security Number or EIN |
|---|---|
| | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Loss or absorption year..... | | | | | | | | | | |
| 2. Individuals, trusts and estates enter Idaho adjusted income (loss); Corporations enter Idaho taxable income (loss)..... | | | | | | | | | | |
| 3. Idaho NOL carryforward/carryback deducted on the return..... | | | | | | | | | | |
| 4. Net capital loss deducted on the federal return..... | | | | | | | | | | |
| 5. Idaho capital gains deduction claimed on the return ..... | | | | | | | | | | |
| 6. Casualty losses on Idaho property included in itemized deductions ..... | | | | | | | | | | |
| 7. Idaho net operating loss..... | | | | | | | | | | |
| 8. Idaho absorption income..... | | | | | | | | | | |
| **NOL Application** *year to year* | | | | | | | | | | |
| to | | | | | | | | | | |
| to | | | | | | | | | | |
| to | | | | | | | | | | |
| to | | | | | | | | | | |
| to | | | | | | | | | | |
| to | | | | | | | | | | |
| to | | | | | | | | | | |
| to | | | | | | | | | | |
| to | | | | | | | | | | |
| to | | | | | | | | | | |
| NOL available for future years | | | | | | | | | | |