SCHEDULE NOL-CF

41A720NOL–CF (10–15)

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.