Form 6BL

Wisconsin Net Business Loss Carryforward for Combined Group Members

2016

Name of Combined Group Member Federal Employer ID Number

Combined Group Members			(see instructions)								
			Loss			Loss Used/Expired			Remaining Loss Available		
	(a) Year	(b) Income	(c) Non- shareable	(d) Shareable	(e) Pre-2009 Shareable	(f) Non- shareable	(g) Shareable	(h) Pre-2009 Shareable	(i) Non- shareable	(j) Shareable	(k) Pre-2009 Shareable
1	1986										
2	1987										
3	1988										
4	1989										
5	1990										
6	1991										
7	1992										
8	1993										
9	1994										
10	1995										
11	1996										
12	1997										
13	1998										
14	1999										
15	2000										
16	2001										
17	2002										
18	2003										
19	2004										
20	2005										
21	2006										
22	2007										
23	2008										
24	2009										
25	2010										
26	2011										
27	2012										
28	2013										
29	2014										
30	2015										