Form 6BL

Wisconsin Net Business Loss Carryforward for Combined Group Members

2017

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	1987										
2	1988										
3	1989										
4	1990										
5	1991										
6	1992										
7	1993										
8	1994										
9	1995										
10	1996										
11	1997										
12	1998										
13	1999										
14	2000										
15	2001										
16	2002										
17	2003										
18	2004										
19	2005										
20	2006										
21	2007										
22 23	2008				<u> </u>			1			
24	2009							_			
	2010							_			
25	2011										
26 27	2012										
27 28	2013										
29	2014										
30											
30	2016										