

Schedule U-NOLS **Member's Shared Loss Carryover**

2020

Massachusetts

Department of

Revenue

For calendar year 2020 or taxable period beginning		2020 and ending		
Member's name		Federal Identification number	Unitary business identifier	
•		•		
Name of principal reporting corporation		Federal Identification number	Combined group year-end date	
•		•		
	Check if an affiliated group or worldwide election is in effect for the cultication check if member is a mutual fund service corporation \Box	urrent year . If Yes (check one):	☐ Affiliated group ☐ Worldwide	
3 4 5 6 7 8	Taxable Income to Which a Shared NOL May Be Applied 3 Enter the amount from Schedule U-MSI, line 33			
	OL of Other Members Being Deducted Period end date for the oldest tax period for which any other member	has an available loss which may be	e shared ▶ 10	
	Amount of shared NOL being deducted by this member (not greater t			
	Remaining income against which shared NOL may be deducted. Sub	•		
	Period end date for the next oldest tax period for which any other med			
	may be shared			
	Amount of shared NOL being deducted by this member (not greater t	•		
	Remaining income against which shared NOL may be deducted. Sub			
16	Period end date for the next oldest tax period for which any other me		. 40	
47	may be shared			
	Amount of shared NOL being deducted by this member (not greater the Remaining income against which shared NOL may be deducted. Sub-	•		
	Period end date for the next oldest tax period for which any other me			
19	may be shared		▶ 19	
20	Amount of shared NOL being deducted by this member (not greater t			
	Remaining income against which shared NOL may be deducted. Sub			
	Period end date for the next oldest tax period for which any other me			
	may be shared		▶ 22	
23	Amount of shared NOL being deducted by this member (not greater t	han line 21)	▶ 23	
24	Amount of shared NOL being deducted by this member. Combine line	es 11, 14, 17, 20 and 23	24	