

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NET OPERATING LOSS (NOL) DEDUCTION FOR COMBINED GROUPS

See Form DP-132 for instructions.

SEQUENCE #7

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR
 DEPARTMENT IDENTIFICATION NUMBER

NEW HAMPSHIRE NEXUS MEMBERS

COLUMN (A) Ending date of tax year in which NOL occurred as calculated, per applicable statute and administrative rule.	COLUMN (B) NOL amount available for carryforward. See instructions for limitations.	COLUMN (C) Amount of NOL carry forward which has been used in taxable periods prior to this taxable period.	COLUMN (D) Amount of NOL to be used as a deduction in this taxable period.	COLUMN (E) Amount of NOL to carry forward to future taxable periods.
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NEXUS MEMBER NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR
 DEPARTMENT IDENTIFICATION NUMBER

Mo Day Yr

1				1				1				1				1			
2				2				2				2				2			
3				3				3				3				3			
4				4				4				4				4			
5				5				5				5				5			
6				6				6				6				6			
7				7				7				7				7			
8				8				8				8				8			
9				9				9				9				9			
10				10				10				10				10			

11 Amount of NOL carryforward deduction for this nexus member (total of Column D)..... 11

NEXUS MEMBER NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR
 DEPARTMENT IDENTIFICATION NUMBER

Mo Day Yr

1				1				1				1				1			
2				2				2				2				2			
3				3				3				3				3			
4				4				4				4				4			
5				5				5				5				5			
6				6				6				6				6			
7				7				7				7				7			
8				8				8				8				8			
9				9				9				9				9			
10				10				10				10				10			

11 Amount of NOL carryforward deduction for this nexus member (total of Column D)..... 11

12 Total of NOL carryforward deduction this taxable period..... 12
 (Sum of each nexus members Line 11)

This is the amount to be reported on NH-1120-WE.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E). Use additional Forms DP-132-WE if you have NOL carryforward deduction(s) from more than two entities.