

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

	LENDAR year		other taxable period	Mo Day Yea	r	l ending Mo Day	Year	SEQUEN		
NAME						FEDERAL EMPLOYER ID SECURITY NUMBER OR	DENTIFICATI	ON NUMBER OR SOC	NUMBER	
COLUMN (A) Ending date of taxable period in which NOL occurred.		COLUMN (B) New Hampshire net operating loss available for carryforward from Net Operating Loss Worksheets.		COLUMN (C) Amount of NOL carryforward 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 carryforward to future taxable period.		
Мо	Day Yr									
	1		1		1		1			
	2	2	2		2		2			
	3	3	3		3		3			
	4	1	4		4		4			
	5	5	5		5		5			
		3	6		6		6			
			7		7		7			
					- +					
	8	3	8		8		8			
	9	9	9		9		9			
0	1	0	10)	10		10			
WHEN TO USE THIS FORM NAME AND SSN	NH-1040, NOL dedu Enter nam 42 U.S.C.	NH-1041, N uction is claine and SSN,	IH-1065 or NH-1120 med. No loss amou FEIN, or DIN in the s	ward amounts which cor . This form must be attac nts incurred before 7/1/9 pace provided. Social Se s or FEIN's are required, t	hed to t 7, shall curity N	the New Hampshire contribute to the n umbers are required	e tax retui et operati d pursuan	rn in the taxable ing loss deductio t to the authority	period the n. granted by	
Column (A) Enter the	Enter the month, day, and year of each taxable period from which the NOL is being carried forward.								
Carry Forward	Tax 6/3 Tax	< Year Endin 00/02 < Year endin	g On or Before g On or <u>After</u>	Carryforward 5 years Carryforward						
Column (B) Enter the	e amount of	the NOL which is a	vailable for carryforward	purpos	ses.				
	For tax p then offs or a refu apportion incurred:	etting the los nd in those o ment percent	ss by any profits duri carryback years). If age of the loss period	05, the carryforward amo ing those three tax period a loss remains after carryba . The apportioned loss car	s. (How ick and o inot exc	wever, the carrybac offset, then the remain eed the following limit	k cannot ining loss its based o	result in an ame must be apportion on the tax period t	nded retur ed using th he loss wa	
	\$750,000 \$250,000	is the maxim	um amount that may	00 is the maximum amoun be carried forward. Prior t 2005, no carryback is req	o July 1	, 2003, the maximum	n amount i	that may be carrie	d forward	
O a lugar (carried f	orward was	increased to \$1,00	0,000.						
Column (Column (-/	Enter the NOL amount that was claimed as a deduction in the prior taxable period(s). Enter only those amounts that will be claimed as a deduction this taxable period.								
Column (Enter the excess amount(s) available for future deduction.								
Administra administra visiting any for a fee. I questions for effectiv	ative Rule Rev tive rules rega y New Hampsh Forms may be concerning NC e communicati	303 of the irding NOL p nire Deposito ordered for f DL provisions ions in program	New Hampshire B rovisions (RSA 77-A ry Library or the New ree by calling our for s, please contact Ce ams and services of t	usine southers and inclu- :4,XIII and Rev 303.03) m 'Hampshire State Library, ms line at (603) 271-2192 Intral Taxpayer Services, the New Hampshire Depar icch impairments may call	ay be o 20 Park If you telephor tment o	bbtained from our w Street, Concord, N do not have access ne (603) 271-2191. of Revenue Administ	eb site at H 03301, to the int Individu ration are	t <u>www.revenue.nl</u> where copies ma ernet, or if you ha als who need au invited to make	n.gov or b ly be mad lve specifi xiliarv aid	