



NET OPERATING LOSS (NOL) DEDUCTION FOR COMBINED GROUPS

See Form DP-132 for instructions

Principal New Hampshire Business Organization Name

Taxpayer Identification #

MMDDYYYY

For the CALENDAR year **2017**
or other taxable period beginning:

and ending:

MMDDYYYY

Nexus Member Name

Federal Employer ID Number, Social Security
Number or Department ID Number

	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 from DP-131-A	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
1	<input type="text"/>				
2	<input type="text"/>				
3	<input type="text"/>				
4	<input type="text"/>				
5	<input type="text"/>				
6	<input type="text"/>				
7	<input type="text"/>				
8	<input type="text"/>				
9	<input type="text"/>				
10	<input type="text"/>				
11					

Line 11 - Total Columns B, C, D, & E (Sum Lines 1 - 10 in each respective column).

The amount of NOL carryforward deducted this taxable period is Column D, Lines 11. If you have more than one Form DP-132-WE total all Line 11 D amounts to calculate your NOL carryforward deduction.

This is the amount to be reported on the applicable Business Profits Tax return.

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) for more than one entity.