

## 2015 DP-132-WE



## **NET OPERATING LOSS (NOL) DEDUCTION FOR COMBINED GROUPS**

See Form DP-132 for instructions

Principal New Hampshire Business Organization Name					
Taxpayer Identification #  For the CALENDAR year 2015 or other taxable period beginning:				MMDDYYYY  and ending:  Federal Employer ID Number, Social Security	
Nex	us Member Name			Number or Department ID Num	nber
	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/DP-131-B	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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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.