



# Schedule U-NOLS Member's Shared Loss Carryover

2016

Massachusetts  
Department of  
Revenue

For calendar year 2016 or taxable period beginning

2016 and ending

Member's name

Federal Identification number

Unitary business identifier

▶

▶

Name of principal reporting corporation

Federal Identification number

Combined group year-end date

▶

▶

1 Check if an affiliated group or worldwide election is in effect for the current year ☐. If Yes (check one): ☐ Affiliated group ☐ Worldwide

2 Check if member is a mutual fund service corporation ☐

## Taxable Income to Which a Shared NOL May Be Applied

|                                                                                                                                                                                                                           |     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| 3 Enter the amount from Schedule U-MSI, line 33                                                                                                                                                                           | ▶ 3 |  |
| 4 Enter the amount from Schedule U-MSI, line 31                                                                                                                                                                           | ▶ 4 |  |
| 5 Enter the amount from Schedule U-MSI, line 29                                                                                                                                                                           | ▶ 5 |  |
| 6 Non-deductible capital loss if attributable to this business. Enter as a positive amount (see instructions)                                                                                                             | ▶ 6 |  |
| 7 Maximum taxable net income attributable to this business. Combine lines 3 through 6                                                                                                                                     | ▶ 7 |  |
| 8 Member's total income allocated or apportioned to Massachusetts for the tax year before deduction of any shared NOL (from Schedule U-ST, line 26).                                                                      | ▶ 8 |  |
| 9 Member's taxable income against which a shared NOL may be taken. If the group is subject to an affiliated group election, enter the amount from line 8 above. All other taxpayers enter the smaller of line 7 or line 8 | ▶ 9 |  |

## NOL of Other Members Being Deducted

|                                                                                                                                                                                      |      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| 10 Period end date for the oldest tax period for which any other member has an available loss which may be shared losses from tax periods beginning prior to 2009 may not be shared. | ▶ 10 |  |
| 11 Amount of shared NOL being deducted by this member (not greater than line 9)                                                                                                      | ▶ 11 |  |
| 12 Remaining income against which shared NOL may be deducted. Subtract line 11 from line 9                                                                                           | ▶ 12 |  |
| 13 Period end date for the next oldest tax period for which any other member has an available loss which may be shared                                                               | ▶ 13 |  |
| 14 Amount of shared NOL being deducted by this member (not greater than line 12)                                                                                                     | ▶ 14 |  |
| 15 Remaining income against which shared NOL may be deducted. Subtract line 14 from line 12                                                                                          | ▶ 15 |  |
| 16 Period end date for the next oldest tax period for which any other member has an available loss which may be shared                                                               | ▶ 16 |  |
| 17 Amount of shared NOL being deducted by this member (not greater than line 15)                                                                                                     | ▶ 17 |  |
| 18 Remaining income against which shared NOL may be deducted. Subtract line 17 from line 15                                                                                          | ▶ 18 |  |
| 19 Period end date for the next oldest tax period for which any other member has an available loss which may be shared                                                               | ▶ 19 |  |
| 20 Amount of shared NOL being deducted by this member (not greater than line 18)                                                                                                     | ▶ 20 |  |
| 21 Remaining income against which shared NOL may be deducted. Subtract line 20 from line 18                                                                                          | ▶ 21 |  |
| 22 Period end date for the next oldest tax period for which any other member has an available loss which may be shared                                                               | ▶ 22 |  |
| 23 Amount of shared NOL being deducted by this member (not greater than line 21)                                                                                                     | ▶ 23 |  |
| 24 Amount of shared NOL being deducted by this member. Combine lines 11, 14, 17, 20 and 23                                                                                           | ▶ 24 |  |