## **CAUTION:**

## This tax return must be filed electronically.

Paper versions of this return will not be accepted.

If you have questions about filing electronically, contact us at 617-887-6367.

See <a href="https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements">https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements</a> for further information about our electronic filing and payment requirements.



## Massachusetts Department of Revenue Schedule NOL Net Operating Loss Carryforward

2024

| For calendar year 2024 or tax      | cable year beginning   |                               | 2024 and ending                       |                                 |
|------------------------------------|--|-------------------------------|---------------------------------------|---------------------------------|
| Name of corporation                |  | Federal identification number | er                                    |                                 |
| Date of most recent ownership char | nge. See instructions  | Type of return filed by taxpa | yer                                   |                                 |
|                                    |  | ○ 355 ○ 355S ○ 35             | 55U O M-990T (see instructions)       | . Sequence: of:                 |
| Corporation's total income         | allocated or apportioned in Massa  | achusetts for the year        |                                       | 1                               |
|                                    | available for any year below is dif  |                               |                                       |                                 |
| Explain difference (see inst       |  |                               |                                       |                                 |
|                                    | ject to a limitation under Internal F<br>IC § 382 limitation under 830 CMF |                               |                                       |                                 |
|                                    | tax year end. Losses may be car<br>le available loss for each succeed      |                               | st any available losses from the      | e oldest prior year first. Then |
|                                    | Massachusetts  | •                             | NOI about with                        |                                 |
| Period end date                    | post-apportionment<br>NOL available  | NOL used                      | NOL shared with<br>other member(s)    | Remaining NOL                   |
|                                    |  |                               |                                       |                                 |
|                                    |  |                               |                                       |                                 |
|                                    |  | , 10 <sub>x</sub>             |                                       |                                 |
|                                    |  | -0,                           |                                       |                                 |
|                                    |  | 11/1                          |                                       | 601                             |
|                                    |  |                               |                                       | 10                              |
|                                    |  | Co                            |                                       | .01                             |
|                                    | 4  |                               |                                       | 10                              |
|                                    | l v  | <u> </u>                      |                                       |                                 |
|                                    | <b>√</b> ⊘°  |                               | · O                                   |                                 |
|                                    |  |                               |                                       |                                 |
|                                    | 0  |                               | , , , , , , , , , , , , , , , , , , , |                                 |
|                                    | 00   |                               |                                       |                                 |
|                                    |  |                               | 20                                    |                                 |
|                                    |  |                               |                                       |                                 |
|                                    |  | 0                             |                                       |                                 |
|                                    |  | .6                            |                                       |                                 |
|                                    |  |                               |                                       |                                 |
|                                    |  | .05                           |                                       |                                 |
|                                    |  | <del>\</del>                  |                                       |                                 |
|                                    |  |                               |                                       | <u> </u>                        |
| Column totals                      |  | <u> </u>                      |                                       |                                 |



## 2024 SCHEDULE NOL, PAGE 2

| Name of corporation                        | Federal identification number   |
|--|---|
| 5 Total Massachusetts Post Apportionmer    | nt NOL available. See instructions  |
|  | 6   |
| 7 Total NOL shared with other members .    | 7   |
| 8 Total remaining NOL not used or shared   | I. Subtract lines 6 and 7 from line 5                                     |
| 9 Total NOL expired (if applicable)        | 9   |
| 10 Total remaining NOL carryover available | for future years (subtract line 9 total from line 8 total and enter here) |

Paper returns will not be accepted. See TIRS 16.9 and 21.9 for more information