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**2020 Schedule NOL, pg. 2**

XXXXXXXXXXXXXX

FEDERALIDNO

4.	Total NOL available	4	XXXXXXXXXXXXXX
5.	Total NOL used or shared this year	5	XXXXXXXXXXXXXX
6.	Total NOL not used	6	XXXXXXXXXXXXXX
7.	Total NOL expired (if applicable)	7	XXXXXXXXXXXXXX
8.	Total NOL available for carryover to future years	8	XXXXXXXXXXXXXX
Complete if filing Form 355U			
NAMEOFPRINCIPALREPORTINGCORPORAT FEDERALIDNO			
9.	Amount of NOL used by member against its own income (not shared)	9	XXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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