



Name of corporation

Federal identification number

- 5 Total Massachusetts Post Apportionment NOL available. See instructions 5
- 6 Total Massachusetts NOL used 6
- 7 Total NOL shared with other members 7
- 8 Total remaining NOL not used or shared. Subtract lines 6 and 7 from line 5 8
- 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) 10

DO NOT FILE.
DRAFT AS OF OCTOBER 1, 2024.
SUBJECT TO CHANGE.
DO NOT FILE.