



Alabama Net Operating Loss Carryforward Acquisitions

Taxpayer Name: _____ Taxpayer FEIN: _____

For the tax year beginning _____, 20____ and ending _____, 20____.

	Column A	Column B	Column C	Column D
	Name of Acquired Company	FEIN of Acquired Company	Loss Year End MM / DD / YYYY	Balance of NOL Acquired
1 ●				
2 ●				
3 ●				
4 ●				
5 ●				
6 ●				
7 ●				
8 ●				
9 ●				
10 ●				
11 ●				
12 ●				
13 ●				
14 ●				
15 ●				
16 ●				
17 ●				
18 ●				
19 ●				
20 ●				
21 ●				
22 ●				
23 ●				
24 ●				

	Column A	Column B	Column C	Column D
	Name of Acquired Company	FEIN of Acquired Company	Loss Year End MM / DD / YYYY	Balance of NOL Acquired
25 ●				
26 ●				
27 ●				
28 ●				
29 ●				
30 ●				
31 ●				
32 ●				
33 ●				
34 ●				
35 ●				
36 ●				
37 ●				
38 ●				
39 ●				
40 ●				
41 ●				
42 ●				
43 ●				
44 ●				
45 ●				
46 ●				
47 ●				
48 ●				