

This form should be used to calculate Net Operating Loss (NOL) amounts to enter on Line 31 or Schedule A, Line C3 on Form AR1100CT.

**Name of Corporation:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_

**Tax Year:**

Tax Year 1:	
Tax Year 2:	
Tax Year 3:	
Tax Year 4:	
Tax Year 5:	

**NOL Amt:**

Claim Amt 1:	
Claim Amt 2:	
Claim Amt 3:	
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	

**Yr Expires:**

Balance 1:	
Balance 2:	
Balance 3:	
Balance 4:	
Balance 5:	

**Tax Year:**

Tax Year 1:	
Tax Year 2:	
Tax Year 3:	
Tax Year 4:	
Tax Year 5:	

**NOL Amt:**

Claim Amt 1:	
Claim Amt 2:	
Claim Amt 3:	
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	

**Yr Expires:**

Balance 1:	
Balance 2:	
Balance 3:	
Balance 4:	
Balance 5:	

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Tax Year 2:	
Tax Year 3:	
Tax Year 4:	
Tax Year 5:	

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Claim Amt 3:	
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	

**Yr Expires:**

Balance 1:	
Balance 2:	
Balance 3:	
Balance 4:	
Balance 5:	

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Tax Year 4:	
Tax Year 5:	

**NOL Amt:**

Claim Amt 1:	
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Claim Amt 3:	
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	

**Yr Expires:**

Balance 1:	
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Balance 3:	
Balance 4:	
Balance 5:	

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Tax Year 3:	
Tax Year 4:	
Tax Year 5:	

**NOL Amt:**

Claim Amt 1:	
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Claim Amt 3:	
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	

**Yr Expires:**

Balance 1:	
Balance 2:	
Balance 3:	
Balance 4:	
Balance 5:	