Form 6BL

Wisconsin Net Business Loss Carryforward for Combined Group Members

2015

Name of Combined Group Member Federal Employer ID Number

Combined Group Members			(see instructions)								
			Loss			Loss Used/Expired			Remaining Loss Available		
	(a) Year	(b) Income	(c) Non- shareable	(d) Shareable	(e) Pre-2009 Shareable	(f) Non- shareable	(g) Shareable	(h) Pre-2009 Shareable	(i) Non- shareable	(j) Shareable	(k) Pre-2009 Shareable
1	1985										
2	1986										
3	1987										
4	1988										
5	1989										
6	1990										
7	1991										
8	1992										
9	1993										
10	1994										
11	1995										
12	1996										
13	1997										
14	1998										
15	1999										
16	2000										
17	2001										
18	2002										
19	2003										
20	2004										
21	2005										
22	2006										
23	2007										
24	2008										
25	2009										
26	2010										
27	2011										
28	2012										
29	2013										
30	2014										