**Carry Forward Table**

**Attachment for the Application for Quality Jobs Tax Credits**

|  |  |
| --- | --- |
| **Taxpayer Name:**  |  |
| **Physical Address of the Designated Location:** |  |
| **Tax Year:** | 2020 |

|  |
| --- |
| In the table below,enterthe amount of tax credits reported as carry forward on the taxpayer’s prior years’ tax returns. *(The carry forward of credits passed through to shareholders or partners must be reported.)* |
|  | **(a)** | **(b)** | **(c)** | **(d)** | **(e)** |
|  | Tax year of the carry forward credit  | 2016 | 2017 | 2018 | 2019 | 2020 |
|  | Original credit amount |  |  |  |  |  |
|  | Amount previously used |  |  |  |  |  |
|  | Tentative carry forward (*Subtract line 3 from line 2)* |  |  |  |  |  |
|  | Amount unallowable  |  |  |  |  |  |
|  | Available carry forward *(Subtract line 5 from line 4)* |  |  |  |  |  |
| 1. ***Total dollar amount available for carry forward:***Enter sum of (6.a) + (6.b) + (6.c) + (6.d) + (6.e)
 |  |

\* No carry forward is available at this time.