

**Carry Forward Table**  
**Attachment for the Application for Quality Jobs Tax Credits**  
**Insurance Holding Company System**

<b>Taxpayer Name:</b>	
<b>Physical Address of the Designated Location:</b>	
<b>Tax Year:</b>	2020

In the table below, enter the 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)
1)	Tax year of the carry forward credit	2016	2017	2018	2019	2020
2)	Original credit amount					
3)	Name of affiliate claiming the carry forward credit (*Each affiliate must complete a separate form)					
4)	Amount previously used					
5)	Tentative carry forward <i>(Subtract line 4 from line 2)</i>					
6)	Amount unallowable					
7)	Available carry forward <i>(Subtract line 6 from line 5)</i>					
8) <b>Total dollar amount available for carry forward:</b> ** Enter sum of (7.a) + (7.b) + (7.c) + (7.d) + (7.e)						

\* A separate form must be completed for each affiliate.

\*\* If the sum of number eight above is zero, no carry forward is available at this time.

