

Form 500NOLD

Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

2024 Corporation Application
for Refund Carryback of
Net Operating Loss



Enclose Copy of Federal Form 1139

Form header section with checkboxes for Address Change, Consolidated Return, Combined Return, and Coalfield Credit Claimed. Includes fields for Name, FEIN, Number and Street, and City or Town, State, and ZIP Code.

Main table with 22 rows and 4 columns. Columns include 2ND PRECEDING YEAR and 1ST PRECEDING YEAR. Rows include Year of Loss, Federal NOL, Net Virginia conformity modifications, and various tax calculations.

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge. By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Signature and contact information section with fields for Date, Signature of Officer, Printed Name of Officer, Title, Phone Number, Individual or Firm, Signature of Preparer, Print Preparer's Name and Firm Name, Preparer's Phone Number, Preparer's FEIN, PTIN, or SSN, Approved Vendor Code, and Address of Preparer.