

**SPECIAL ATTACHMENT  
ANNUAL INCOME TAX RETURN FOR CORPORATE**

TAXABLE YEAR

**CALCULATION OF FISCAL LOSS CARRY FORWARD  
FOR TAXABLE YEAR     AND CURRENT TAXABLE YEAR**

T I N : <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		TAXPAYER'S NAME <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>						
NO	LOSS AND FISCAL NET INCOME		FISCAL LOSS CARRY FORWARD					
	YEAR	IDR	YEAR. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	YEAR. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	YEAR. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	YEAR. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	YEAR. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	YEAR. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(1)	(2)	(3)	(IDR) (4)	(IDR) (5)	(IDR) (6)	(IDR) (7)	(THIS TAXABLE YEAR) IDR *) (8)	(CURRENT TAXABLE YEAR) IDR**) (9)
1								
2								
3								
4								
5 etc								
	TOTAL		TTL					

**NOTE:**  
 \*) COPY THE AMOUNT OF THIS COLUMN TO FORM 1771 LETTER A LINE 2  
 \*\*) COPY THE AMOUNT OF THIS COLUMN TO FORM 1771 LETTER E LINE 14 POINT b

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TAXPAYER / AUTHORIZED REPRESENTATIVE

(.....)

