

## Consolidated groups losses schedule

To be completed by consolidated groups and attached to their 2012 tax return.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape.

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Refer to *Consolidated groups losses schedule instructions 2012*, available on our website **www.ato.gov.au** for instructions on how to complete this schedule.

Tax	file n	umb	er (T	FN)																											
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1	Tax losses transferred from joining entities (including head company) at consolidation											Con	tinuit	y or c	est lo	ership osses	Α		Ш,			,						-00			
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2	Tax							joini	ng						Con	tinuit	y of d	owne est lo	ership osses	D											.00
	entities after consolidation										Same business test losses				E											-00					
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3	Tax	loss	es u	tilise	d													(	Group	G											-00
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5	Tax losses carried for	orward to later income ye	<b>Pars</b> Group	S		,[							-00
			Transferred	٧									-00
			Total	U									.00 I
		Transfer the amount at <b>U</b> to the	he Tax losses carried forward to I	ater i	income	year	s labe	el on y	our /	Com	oany ta	ax re	turn.
6	Net capital losses tra entities (including he	ansferred from joining	Continuity of ownership test losses	Α		,[							-00
	consolidation	eau company, at	Same business test losses	В		,[							. <b>DQ</b>
			Other losses – trusts only	С		<u>,</u>							·00
7	Net capital losses tra entities after consoli	ansferred from joining	Continuity of ownership test losses	D		,[		],					. <b>D</b> @
			Same business test losses	Е		,[		],					.00
			Other losses – trusts only	F		,[							-00
8	Net capital losses ut	tilised	Group	G		, [							-00
			Transferred	1		, [		],					-00
			Total	J		,[		],					· <b>00</b> I
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9	Transferred net capi  Transferor TF		Available fraction										
	A	В	Available if action	С									-00
				F		,							.00
	G					,	7	<del> </del>			<b></b>	1	.00
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10		arried forward to later	Group	S									-00
	income years		Transferred	U									-00
			Total	٧			T	]				ī	.00 I
	Transfe	er the amount at <b>V</b> to the <b>Net</b> of	capital losses carried forward to I	ater	income	year	s lab	el on y	/our	Com <sub>l</sub>	Dany t	ax re	turn.
		_				-				,	-		
11	If you completed item were the apportionn	m 4 or item 9 in Part A,		V	V Yes		No			in th			
	were the apportioning	ient ruies applieu?											

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Γ								
F	Part B Cancellation of transfer of losses					rint <b>V</b> in the		
1	Has the head company cancelled the transfer of	a loss?	A	Yes N		rint <b>X</b> in the opropriate b	ОХ	
2	Details of cancellation of transfer of losses  If you printed X in the yes box at A, complete the following  Joining en  B		C E G					].00 ].00 ].00
F	Part C Ownership test and same business te	est						
1	For each joining company that transferred a same business test tax loss or same business	Year owner test failed	rship					
	test net capital loss to the head company, determine the year of income in which the	2011–12	J		]			.00
	joining company first failed the continuity of ownership or control tests. Against each of the listed years, show the total amount of losses which first failed the continuity of ownership or	2010–11	K		],	]		.00
	control tests in that year.	2009–10	L					-00
		2008–09	M			]		.00
		2007–08 and earlier income years	N		]	]		-00
2	Amount of losses utilised after consolidation, for which the continuity of ownership test is not passed but the same business test is satisfied.	Tax losses	0					.00
	passed but the same business test is satisfied.	Net capital losses	Р			]		.00
3	Amount of losses carried forward to later income years for which the same business test	Tax losses	Q		],	]		-00
	must be satisfied before they can be utilised.	Net capital losses	R			]		.00
F	Part D Life insurance companies							
	Complying su losses carried	perannuation/FHSA class tax forward to later income years	T					-00

Complying superannuation/FHSA net capital losses carried forward to later income years

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Pa	art E Foreign source losses													
1	Foreign loss component of a tax loss – excludes losses of CFCs													
	Foreign loss component of tax losses deducted – included at the <b>Tax losses deducted</b> label of your <i>Company tax return</i>	K						,			,		-00	
	Foreign loss component of tax losses carried forward – included at the <b>Tax losses carried forward to later income years</b> label of your <i>Company tax return</i>	L						,			],		-00	
	Foreign loss component of tax loss transferred from joining entities	M						,			,_		-00	
2	Controlled foreign company losses Current year CFC losses	N									],		.00	
	CFC losses deducted	0											-00	
	CFC losses carried forward	Р											.00 I	=
P	art F Tax losses reconciliation for consolidated groups													
	Balance of tax losses brought forward from the prior income year	Α											-00	
	ADD Tax losses transferred from joining entities under Subdivision 707-A	С						,			,		.00	
	SUBTRACT Transferred tax losses with a nil available fraction that have been applied	L									],[		-00	
	SUBTRACT Net forgiven amount of debt	D									][		-00	
	ADD Tax loss incurred (if any) during current year	E											-00	
	ADD Tax loss amount from conversion of excess franking offsets	B						,			]		.00	
	SUBTRACT Net exempt income	G		, 		_		•			), ][		. <b>D</b> Ø	
	SUBTRACT Tax losses cancelled or forgone		L	اولــــــــــــــــــــــــــــــــــــ	 	 					]- ]-	)	1	
		Ш	L	, 	 	_					<u>,                                     </u>		-00	
	SUBTRACT Tax losses deducted	Ш						,			,	JL	-00	
	<b>SUBTRACT</b> Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)	J						,			,		-00	
	Total tax losses carried forward to later income years	K									,		.00 I	=
	Transfer the amount at K to the Tax losses carried forward to later income	ne ye	ars	abe	l on	you	ır C	omp	any	tax	retu	rn.		
If th	e schedule is not lodged with the income tax return you are required to sign a	and d	ate	the	sc	hed	dule	€.						
Befo to th	ortant ore making this declaration check to ensure that all the information required has been is form, and that the information provided is true and correct in every detail. If you see all the facts before the ATO. The income tax law imposes heavy penalties for false	are in	dou	ubt	abo	ut a	any	asp	ect					
TAX	(PAYER'S DECLARATION													
I de	clare that the information on this form is true and correct.													
Sign	ature													

Contact person

Date

Daytime contact number (include area code)