



2012

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.

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

34250612



--	--	--	--	--	--	--	--	--

[illegible][illegible]**Part A** Losses carried forward to the 2012–13 income year – excludes film losses

1 Tax losses carried forward to later income years

2011–12	B	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	-.	<input type="text"/> <input type="text"/>
2010–11	C	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	-.	<input type="text"/> <input type="text"/>
2009–10	D	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	-.	<input type="text"/> <input type="text"/>
2008–09	E	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	-.	<input type="text"/> <input type="text"/>
2007–08	F	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	-.	<input type="text"/> <input type="text"/>
and earlier some years	G	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	-.	<input type="text"/> <input type="text"/>
Total	U	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	-.	<input type="text"/> <input type="text"/>

Transfer the amount at **U** to the **Tax losses carried forward to later income years** label on your tax return.

2 Net capital losses carried forward to later income years

Year	Value	Change from previous year
2011-12	100	0
2010-11	100	0
2009-10	100	0
2008-09	100	0
2007-08	100	0
and earlier some years	100	0
Total	100	0

Transfer the amount at **V** to the **Net capital losses carried forward to later income years** label on your tax return.





Do not complete items **1, 2 or 4 of Part B** if, in the 2011–12 income year, no loss has been claimed as a deduction or, in the case of companies, losses have not been transferred in or out.

Note: If the entity has deducted, transferred in or transferred out (as applicable) in the 2011–12 income year a loss incurred in any of the listed years, print **X** in the **Yes** or **No** box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

2011-12 **A** Yes ☐ No ☐ Print **X** in the appropriate box.

2010–11 **B** Yes ☐ No ☐ Print **X** in the appropriate box.

2009–10 **C** Yes ☐ No ☐ Print **X** in the appropriate box.

2008–09 **D** Yes ☐ No ☐ Print **X** in the appropriate box.

2007-08 **E** Yes ☐ No ☐ Print **X** in the appropriate box.

2006–07 and earlier income years **F** Yes ☐ No ☐ Print **X** in the appropriate box.

Tax losses G 0 0 0 0 0 0 0 0 0 0 -00

Net capital losses H [][][][][][][][][][] .00

Tax losses | | | | | | | | | | .00

Net capital losses J [][][][][][][][][][] .00

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the *Income Tax Assessment Act 1997* (ITAA 1997)?

K Yes ☐ No ☐ Print **X** in the appropriate box.

Part C Unrealised losses – company only

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

L Yes ☐ No ☐ Print X in the appropriate box.

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

M Yes ☐ No ☐ Print **X** in the appropriate box.

If you printed **X** in the **No** box at **M**, has the company determined it had an unrealised net loss at the changeover time?

N Yes ☐ No ☐ Print **X** in the appropriate box.

If you printed **X** in the **Yes** box at **N**, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

0 0 0 0 0 0 0 0 0 0 0 0 .00

Part D Life insurance companies

[illegible][illegible]



1 Foreign loss component of a tax loss – excludes losses of CFCs

[illegible][illegible]

2 Controlled foreign company losses

M □ □ □ □ □ □ □ □ □ □ . ∞

N

0 F

[illegible][illegible]

ADD Tax loss incurred (if any) during current year D [] [] [] [] [] [] [] [] [] [] .00

ADD Tax loss amount from conversion of excess franking offsets E [][][][][][][][][][]-00

SUBTRACT Net exempt income F .00

SUBTRACT Tax losses forgone **G** [][][][][][][][][][] .00

SUBTRACT Tax losses deducted H .00

SUBTRACT Tax losses transferred out under Subdivision 170-A
(only for transfers involving a foreign bank branch or a PE of a foreign financial entity)

Total tax losses carried forward to later income years J [] [] [] [] [] [] [] [] [] [] -00 F

Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

TAXPAYER'S DECLARATION

I declare that the information on this form is true and correct.

Signature

Date / /

Contact person

[illegible]

Daytime contact number (include area code)

F

