

Consolidated groups losses schedule

2021

To be completed by consolidated groups and attached to their 2021 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.

correction fluid or tape.					
Toy file number (TEN)	available		s schedule instructions 2021, I for instructions on how to	78880621	
Tax file number (TFN)					
Name of head company					
Australian business number					
Part A: Tax losses a	nd net capita	I losses consc	olidated - excludes film losses		
1 Tax losses transferred from je (including head company) at		Continuity of ownership test losses	A,,,,	□ .∞	
		Business continuity test losses	B,	·>>	
		Other losses – trusts only	c	-94	
2 Tax losses transferred from junctities after consolidation	oining	Continuity of ownership test losses	D,	·%	
		Business continuity test losses	E		
		Other losses – trusts only	F,	-94	
3 Tax losses deducted		Group	G	->×	
		Transferred		.%	
		Total	R,,,,,,	·>×	
	Trans	fer the amount at R to the Ta	ax losses deducted label on your Compa	ny tax return.	
4 Transferred tax losses deduc	ted				
Transferor TFN		Available fraction			
A	В		C	.%	
D	E		F,,	.%	
G	Н			.>>	
	K			.%	
M	N		0	.%	
P	Q		R , , , _	-><	

5	Tax losses carried for	ward to later income ye	ears Group	S		<u> </u>			, [],[[· %
			Transferred	V		<u> </u>], [],[[-90
			Total	U									-90
		Transfer the amount at U to	the Tax losses carried forward to	late	er in	come	years	labe	el on yo	our Co	ompany	tax re	eturn.
6	Net capital losses tran entities (including hea		Continuity of ownership test losses	A		<u> </u>			, 🗌],[[·%
	at consolidation		Business continuity test losses	В		\Box ,[$, \square $		$], \square$		-><
			Other losses – trusts only	C					, [],[[·%
7	Net capital losses tran	sferred from joining	Continuity of ownership test losses	D									· % (
	entities after consolida	ation	Business continuity test losses	Ε								┰	-50
			Other losses – trusts only	F									-90
						,·			, ,		_,		
8	Net capital losses app	lied	Group	G		<u> </u>			, [],[[-90
			Transferred	1		<u> </u>			, [],[[->0
			Total	J		<u> </u>			, [],[[->0
0	Transferred not conite	Llacace applied											
9	Transferred net capita Transferor TFN	l losses applied	Available fraction										
	A		В	C],[-00
	D		E .	F									-00
	G		H	ī									-><
	J		K .	Ĺ									-><
	M		N .	0									-00
	P		Q	R					, $ $				· %
													_
10	Net capital losses carr to later income years	ried forward	Group	S		<u></u> ,			, 🔲],[]		-90
			Transferred	U		<u>,</u>			,],[]	<u>l</u>	-><
			Total	V		<u> </u>			,],[[-50
	Transfe	er the amount at V to the Ne	t capital losses carried forward to	late	er in	come	years	labe	on yo	our Co	mpany	tax re	turn.
11	If you completed item	4 or item 9 in Port A					Г		Print)	(in the	e		
- 11	were the apportionme			W	Ye	s	No		appro				

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Part B: Cancellation of transfer of losses	
1 Has the head company cancelled the transfer of a loss?	A Yes No Print X in the appropriate box
2 Details of cancellation of transfer of losses If you printed X in the yes box at A , complete the following labels: Joining entity TFN	
	C,
D	E,
F	G,×
H	I,
Part C: Ownership test and business continuity	test
1 For each joining company that transferred a business continuity test tax loss or business test failed	
continuity test net capital loss to the head company, determine the year of income in which	J,
the joining company first failed the continuity of ownership or control tests. Against each of	K
the listed years, show the total amount of losses which first failed the continuity of ownership 2018–19	L
or control tests in that year. 2017–18	M
2016–17 and earlier income years	N N N N N N N N N N N N N N N N N N N
2. Amount of losses deducted/applied after	
consolidation, for which the continuity of ownership test is not passed but the business	0 , , . .
continuity test is satisfied. Net capital losses	P,
3 Amount of losses carried forward to later income years for which the business continuity	Q
test must be satisfied before they can be	R
	,,,
Part D: Life insurance companies	
Complying superannuation class tax losses	T
carried forward to later income years Complying superannuation net capital losses	
carried forward to later income years	
Doub C. O and well and for well and a superior and	
Part E: Controlled foreign company losses	
Current year CFC losses	N
CFC losses deducted	0 , , , , , , , , , , , , , , , , , , ,
CFC losses carried forward	P

Part F: Tax losses reconciliation for consolidate	ed groups	
Balance of tax losses brought forward from the prior income year	A	Ж
ADD Uplift of tax losses of designated infrastructure project entities	B,	Ж
ADD Tax losses transferred from joining entities under Subdivision 707-A	c,	Ж
SUBTRACT Transferred tax losses with a nil available fraction that have been applied	L,	Ж
SUBTRACT Net forgiven amount of debt	D , , , , , , , , , , , , , , ,	Ж
ADD Tax loss incurred (if any) during current year	E,	Ж
ADD Tax loss amount from conversion of excess franking offsets	F	Ж
SUBTRACT Net exempt income	G	Ж
SUBTRACT Tax losses cancelled or forgone	H	Ж
SUBTRACT Tax losses deducted	I	Ж
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)	J	Ж
Total tax losses carried forward to later income years	K	Ж
Transfer the amount at K to the Tax losses carried forward to	later income years label on your Company tax return.	
If the schedule is not lodged with the income tax return you are required to sign	and data the schodule	
in the scriedule is not lodged with the income tax return you are required to sign	and date the schedule.	
Before making this declaration check to ensure that all the information required has be	the state of the s	
to this form, and that the information provided is true and correct in every detail. If you place all the facts before the ATO. The income tax law imposes heavy penalties for fal-		
Privacy Taxation law authorises the ATO to collect information and disclose it to other governr	ment agencies. This includes personal information	n
of the person authorised to sign the declaration. For information about your privacy go		1
Taxpayer's declaration		
declare that the information on this form is true and correct.		
Signature		
	Day Month Year	
Contact person D	Daytime contact number (include area code)	