

BIR Form No.

# 1702-MX

January 2018 (ENCS)

Page 1

# Annual Income Tax Return

**Corporation, Partnership and Other Non-Individual  
with MIXED Income Subject to Multiple Income Tax Rates or  
with Income Subject to SPECIAL/PREFERENTIAL RATE**

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X".  
Two copies MUST be filed with the BIR and one held by the taxpayer.



1702-MX 01/18ENC5 P1

|                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> For <input type="checkbox"/> Calendar <input type="checkbox"/> Fiscal<br><b>2</b> Year Ended (MM/20YY)<br><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> /20 | <b>3</b> Amended Return?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>4</b> Short Period Return?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>5</b> Alphanumeric Tax Code (ATC)<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Part I – Background Information

|                                        |  |  |   |  |  |   |  |  |   |   |   |   |   |   |            |  |  |  |
|----------------------------------------|--|--|---|--|--|---|--|--|---|---|---|---|---|---|------------|--|--|--|
| 6 Taxpayer Identification Number (TIN) |  |  | - |  |  | - |  |  | - | 0 | 0 | 0 | 0 | 0 | 7 RDO Code |  |  |  |
|----------------------------------------|--|--|---|--|--|---|--|--|---|---|---|---|---|---|------------|--|--|--|

**8** Registered Name (Enter only 1 letter per box using CAPITAL LETTERS)

**9 Registered Address** (Indicate complete address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9A ZIP Code |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|

[illegible]

|                  |  |
|------------------|--|
| 12 Email Address |  |
|------------------|--|

**13 Method of Deduction** ☐ Itemized Deduction [Section 34 (A-J), NIRC] ☐ Optional Standard Deduction (OSD)—40% of Gross Income  
[Section 34(L) NIRC, as amended]

**Part II – Total Tax Payable**

(Do NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)

**14 Total Tax Due/(Overpayment)** (From Part IV-Schedule 2 Item 19D) \_\_\_\_\_

[illegible]

|                                                                                          |  |
|------------------------------------------------------------------------------------------|--|
| <b>16 Net Tax Payable / (Overpayment)</b> (Item 14 less Item 15) (From Part IV Item 33D) |  |
|------------------------------------------------------------------------------------------|--|

Add: Penalties

|              |  |
|--------------|--|
| 17 Surcharge |  |
|--------------|--|

[illegible][illegible][illegible][illegible][illegible]

☐ To be refunded    ☐ To be issued a Tax Credit Certificate (TCC)    ☐ To be carried over as tax credit for next year/quarter

*We declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by us, and to the best of our knowledge and belief, are true and*

We declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by us, and to the best of our knowledge and belief, are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. (If signed by an Authorized Representative, indicate TIN and attach authorization letter)

|                                                                                       |  |     |  |                                                               |  |     |  |                                                                                                                            |
|---------------------------------------------------------------------------------------|--|-----|--|---------------------------------------------------------------|--|-----|--|----------------------------------------------------------------------------------------------------------------------------|
|                                                                                       |  |     |  |                                                               |  |     |  | <b>22</b> Number of Attachments<br><div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> |
| Signature over Printed Name of President/Principal Officer/ Authorized Representative |  |     |  | Signature over Printed Name of Treasurer/ Assistant Treasurer |  |     |  |                                                                                                                            |
| Title of Signatory                                                                    |  | TIN |  | Title of Signatory                                            |  | TIN |  |                                                                                                                            |

### Part III – Details of Payment

| Particulars | Drawee Bank/Agency | Number | Date (MM/DD/YYYY) | Amount |
|-------------|--------------------|--------|-------------------|--------|
|-------------|--------------------|--------|-------------------|--------|

**23 Cash/Bank Debit Memo**

**24 Check**

[illegible]

**26 Others (specify below)**

Machine Validation/Revenue Official Receipt Details [if not filed with an Authorized Agent Bank (AAB)]



Annual Income Tax Return

Corporation, Partnership and Other Non-Individual

with MIXED Income Subject to Multiple Income Tax Rates or

with Income Subject to SPECIAL/PREFERENTIAL RATE



|                                      |                 |
|--------------------------------------|-----------------|
| Taxpayer Identification Number (TIN) | Registered Name |
| 00000                                |                 |

| Schedule 4 – Tax Relief Availment <small>(DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)</small>               |                |                 |                 |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|-----------------|---------------------|
| Description                                                                                                                                | A.Total Exempt | B.Total Special | C.Total Regular | D.Total All Columns |
| 1 Regular Income Tax Otherwise Due <small>(Item 13A/B of Part IV-Schedule 2 X applicable regular income tax rate)</small>                  |                |                 |                 |                     |
| 2 Tax Relief on Special Allowable Itemized Deductions <small>(Item 9A/B/C of Part IV-Sched 2 X applicable regular income tax rate)</small> |                |                 |                 |                     |
| 3 Sub-Total – Tax Relief <small>(Sum of Items 1 and 2)</small>                                                                             |                |                 |                 |                     |
| 4 Less: Income Tax Due <small>(From Part IV-Schedule 2 Item 15B)</small>                                                                   | 0.00           |                 |                 |                     |
| 5 Tax Relief Availment before Special Tax Credit <small>(Item 3 Less Item 4)</small>                                                       |                |                 |                 |                     |
| 6 Add: Special Tax Credit, if any <small>(From Part IV-Schedule 3 Item 29)</small>                                                         |                |                 |                 |                     |
| 7 Total Tax Relief Availment <small>(Sum of Items 5 &amp; 6)</small>                                                                       |                |                 |                 |                     |

| Schedule 5 – Ordinary Allowable Itemized Deductions <small>(attach additional sheet/s, if necessary)</small>                                                                        |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <small>(If with only one activity, fill-out the applicable columns below: if with two or more activities, amount for each expense shall come from all of Part V-Schedule D)</small> |  |  |  |  |
| 1 Amortizations                                                                                                                                                                     |  |  |  |  |
| 2 Bad Debts                                                                                                                                                                         |  |  |  |  |
| 3 Charitable and Other Contributions                                                                                                                                                |  |  |  |  |
| 4 Depletion                                                                                                                                                                         |  |  |  |  |
| 5 Depreciation                                                                                                                                                                      |  |  |  |  |
| 6 Entertainment, Amusement and Recreation                                                                                                                                           |  |  |  |  |
| 7 Fringe Benefits                                                                                                                                                                   |  |  |  |  |
| 8 Interest                                                                                                                                                                          |  |  |  |  |
| 9 Losses                                                                                                                                                                            |  |  |  |  |
| 10 Pension Trusts                                                                                                                                                                   |  |  |  |  |
| 11 Rental                                                                                                                                                                           |  |  |  |  |
| 12 Research and Development                                                                                                                                                         |  |  |  |  |
| 13 Salaries, Wages and Allowances                                                                                                                                                   |  |  |  |  |
| 14 SSS, GSIS, Philhealth, HDMF and Other Contributions                                                                                                                              |  |  |  |  |
| 15 Taxes and Licenses                                                                                                                                                               |  |  |  |  |
| 16 Transportation and Travel                                                                                                                                                        |  |  |  |  |
| 17 Others (Deductions Subject to Withholding Tax and Other Expenses) <small>[Specify below; Add additional sheet(s), if necessary]</small>                                          |  |  |  |  |
| a. Janitorial and Messengerial Services                                                                                                                                             |  |  |  |  |
| b. Professional Fees                                                                                                                                                                |  |  |  |  |
| c. Security Services                                                                                                                                                                |  |  |  |  |
| d.                                                                                                                                                                                  |  |  |  |  |
| e.                                                                                                                                                                                  |  |  |  |  |
| f.                                                                                                                                                                                  |  |  |  |  |
| g.                                                                                                                                                                                  |  |  |  |  |
| h.                                                                                                                                                                                  |  |  |  |  |
| i.                                                                                                                                                                                  |  |  |  |  |
| 18 Total Ordinary Allowable Itemized Deductions <small>(Sum of Items 1 to 17) (To Part IV-Schedule 2 Item 8)</small>                                                                |  |  |  |  |

| Schedule 6 – Special Allowable Itemized Deductions <small>(attach additional sheet/s, if necessary)</small>                                                                         |             |                |                 |                 |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-----------------|-----------------|---------------------|
| <small>(If with only one activity, fill-out the applicable columns below: if with two or more activities, amount for each expense shall come from all of Part V-Schedule E)</small> |             |                |                 |                 |                     |
| Description                                                                                                                                                                         | Legal Basis | A.Total Exempt | B.Total Special | C.Total Regular | D.Total All Columns |
| 1                                                                                                                                                                                   |             |                |                 |                 |                     |
| 2                                                                                                                                                                                   |             |                |                 |                 |                     |
| 3                                                                                                                                                                                   |             |                |                 |                 |                     |
| 4                                                                                                                                                                                   |             |                |                 |                 |                     |
| 5 Total Special Allowable Itemized Deductions <small>(Sum of Items 1 to 4) (To Part IV-Schedule 2 Item 9)</small>                                                                   |             |                |                 |                 |                     |

| Schedule 7 – Computation of Net Operating Loss Carry Over (NOLCO) for Regular Rate <small>(Attach Additional Sheet/s, if necessary)</small> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Gross Income <small>(From Part IV-Schedule 2 Item 7C)</small>                                                                             |  |
| 2 Less: Ordinary Allowable Itemized Deductions <small>(From Part IV-Schedule 2 Item 8C)</small>                                             |  |
| 3 Net Operating Loss <small>(Item 1 Less Item 2) (To Part IV-Schedule 7.1, Item 7A)</small>                                                 |  |

|                                                                                                                                                                                        |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------|--|--|--|
| BIR Form No.<br><b>1702-MX</b><br>January 2018 (ENCS)<br>Page 4                                                                                                                        |                                                                      | <b>Annual Income Tax Return</b><br>Corporation, Partnership and Other Non-Individual<br>with MIXED Income Subject to Multiple Income Tax Rates or<br>with Income Subject to SPECIAL/PREFERENTIAL RATE |                  |                                                     |                                                             | <br>1702-MX 01/18ENCS P4 |                                                                                                          |                      |  |  |  |
| Taxpayer Identification Number (TIN)                                                                                                                                                   |                                                                      |                                                                                                                                                                                                       |                  |                                                     | Registered Name                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 00000                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| <b>Schedule 7.1 - Computation of Available Net Operating Loss Carry Over (NOLCO) for Regular Rate</b> <i>DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up</i> |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| Net Operating Loss                                                                                                                                                                     |                                                                      | B. NOLCO Applied<br>Previous Year/s                                                                                                                                                                   | C. NOLCO Expired | D. NOLCO Applied<br>Current Year                    | E. Net Operating Loss<br>(Unapplied)<br>[(E) = A – (B+C+D)] |                                                                                                            |                                                                                                          |                      |  |  |  |
| Year<br>Incurred                                                                                                                                                                       | A. Amount                                                            |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 4                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 5                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 6                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 7                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 8                                                                                                                                                                                      | Total NOLCO (Sum of Items 4D to 7D) (To Part IV-Schedule 2 Item 10C) |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| <b>Schedule 8 – Computation of Net Operating Loss Carry Over (NOLCO) for Special Rate</b> (except those availing fiscal incentives)<br>(Attach Additional Sheet/s, if necessary)       |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 1 Gross Income (From Part IV-Schedule 2 Item 7B)                                                                                                                                       |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 2 Less: Ordinary Allowable Itemized Deductions (From Part IV-Schedule 2 Item 8B)                                                                                                       |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 3 Net Operating Loss (Item 1 Less Item 2) (To Part IV-Schedule 8.1 Item 7A)                                                                                                            |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| <b>Schedule 8.1 - Computation of Available Net Operating Loss Carry Over (NOLCO) for Special Rate</b> <i>DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up</i> |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| Net Operating Loss                                                                                                                                                                     |                                                                      | B. NOLCO Applied<br>Previous Year/s                                                                                                                                                                   | C. NOLCO Expired | D. NOLCO Applied<br>Current Year                    | E. Net Operating Loss<br>(Unapplied)<br>[(E) = A – (B+C+D)] |                                                                                                            |                                                                                                          |                      |  |  |  |
| Year<br>Incurred                                                                                                                                                                       | A. Amount                                                            |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 4                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 5                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 6                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 7                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 8                                                                                                                                                                                      | Total NOLCO (Sum of Items 4D to 7D) (To Part IV-Schedule 2 Item 10B) |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| <b>Schedule 9 – Computation of Minimum Corporate Income Tax (MCIT)</b>                                                                                                                 |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| Year                                                                                                                                                                                   | A) Normal Income Tax as Adjusted                                     |                                                                                                                                                                                                       |                  | B) MCIT                                             |                                                             |                                                                                                            | C) Excess MCIT over Normal Income Tax                                                                    |                      |  |  |  |
| 1                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 2                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 3                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| <b>Continuation of Schedule 9</b> (Item numbers continue from table above)                                                                                                             |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| D) Excess MCIT Applied/<br>Used in Previous Years                                                                                                                                      |                                                                      | E) Expired Portion of<br>Excess MCIT                                                                                                                                                                  |                  | F) Excess MCIT Applied this<br>Current Taxable Year |                                                             |                                                                                                            | G) Balance of Excess MCIT Allowable<br>as Tax Credit for Succeeding Year/s<br>[ G = C Less (D + E + F) ] |                      |  |  |  |
| 1                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 2                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 3                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 4 Total Excess MCIT Applied (Sum of Items 1F to 3F) (To Part IV-Schedule 3 Item 23)                                                                                                    |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| <b>Schedule 10 – Reconciliation of Net Income per Books Against Taxable Income</b> (attach additional sheet/s, if necessary)                                                           |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| Particulars                                                                                                                                                                            |                                                                      | A. Total Exempt                                                                                                                                                                                       |                  | B. Total Special                                    |                                                             | C. Total Regular                                                                                           |                                                                                                          | D. Total All Columns |  |  |  |
| 1 Net Income/(Loss) per Books                                                                                                                                                          |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| Add: Non-Deductible Expenses/Taxable Other Income (specify below)                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 2                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 3                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 4 Total (Sum of Items 1 to 3)                                                                                                                                                          |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| Less: A) Non-Taxable Income and Income Subjected to Final Tax (specify below)                                                                                                          |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 5                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 6                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| B) Special Deductions (specify below)                                                                                                                                                  |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 7                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 8                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 9 Total (Sum of Items 5 to 8)                                                                                                                                                          |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |
| 10 Net Taxable Income/(Loss) (Item 4 Less Item 9)                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                  |                                                     |                                                             |                                                                                                            |                                                                                                          |                      |  |  |  |