



**Schedule A—Continuation Sheet.** Use only if you need additional space.

Name of person filing this form	A Identifying number
Name of U.S. shareholder	B Identifying number

(a) Name of CFC	(b) EIN or Reference ID	Calculations for Net Tested Income (see instructions)								GILTI Allocated to Tested Income CFCs (see instructions)	
		(c) Tested Income	(d) Tested Loss	(e) Pro Rata Share of Tested Income	(f) Pro Rata Share of Tested Loss	(g) Pro Rata Share of Qualified Business Asset Investment (QBAI)	(h) Pro Rata Share of Tested Loss QBAI Amount	(i) Pro Rata Share of Tested Interest Income	(j) Pro Rata Share of Tested Interest Expense	(k) GILTI Allocation Ratio (Divide Col. (e) by Line 1 Total)	(l) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))
			( )		( )		( )				
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			( )		( )		( )				
<b>1. Totals (see instructions)</b> . . .			( )		( )		( )				

Totals of columns (c) through (l) should be included on line 1 Totals on page 1.