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

Calculations for Net Tested Income (see instructions)									**GILTI Allocated to Tested Income CFCs** (see instructions)	
(a) Name of CFC	**(b)** EIN or Reference ID	**(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) Multiplied by 10% (0.10)	**(h)** Pro Rata Share of Interest Expense	**(i)** Specified Interest Expense	**(j)** GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)	**(k)** GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 3, by Col. (j))
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			( )		( )					
			( )		( )					
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			( )		( )					
			( )		( )					
1. Totals (see instructions) *(continued)*			( )		( )					

Totals of columns (c) through (k) should be included on line 1 *Totals* on page 2.