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)	**(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 Col. (e), Line 1 Total)	**(l)** GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))
			( )		( )		( )				
			( )		( )		( )				
			( )		( )		( )				
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			( )		( )		( )				
			( )		( )		( )				
1. Totals (see instructions) . .			( )		( )		( )				

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