

# Attachment Form for Loss of Business Statement due to Natural Disaster, Earthquake

Reporting Date -

## Part A. Business Information

1. Taxpayer's Name			
2. Taxpayer Identification Number			
3. Business Contact Address	Phone		Email
	Address		
4. Types of Main Business	<input type="checkbox"/> Trading	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Servicing
5. Number of employee before earthquake			
6. Current Operation Status	<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Partially Operational	
	<input type="checkbox"/> Temporarily Closed	<input type="checkbox"/> Permanently Closed	

## Part B. Damage Description

1. Date of Earthquake			
2. Period of Disruption			
3. Disruption Details	<div>Inventories</div> <div> <input type="checkbox"/> Raw Materials/Components             <input type="checkbox"/> Buffer (Safety Stock)           </div> <div> <input type="checkbox"/> Work-in-progress             <input type="checkbox"/> Decoupling Inventory           </div> <div> <input type="checkbox"/> Finished goods             <input type="checkbox"/> Transit (Pipeline Inventory)           </div> <div> <input type="checkbox"/> Maintenance, Repair, and Operations (MRO)             <input type="checkbox"/> Excess/ Obsolete Inventory           </div> <div> <input type="checkbox"/> Packing Materials             <input type="checkbox"/> Others           </div>		

Express all amounts in kyats

## Part C. Calculation of the amount of losses of business:

Inventories	Types of Goods and Services	Value on the date of 27-3-2025	Value on the date of 29-3-2025	Damage		Amount of Salvage Sale	Net Loss
				Value	Percentage		
1. Raw Materials/Components							
2. Work-in-progress							
3. Finished goods							
4. Maintenance,Repair and Operations							
5. Packing Materials							
6. Buffer (Safety Stock)							
7. Decoupling Inventory							
8. Transit							
9. Excess/ Obsolete							
10. Others							
Total							

## Part D. Declaration of Taxpayer or Paid preparer

I,....., declare that the information given on this form is true and accurate to the best of my knowledge and belief. (Note: Submission of false documents is a violation of Section 177, Myanmar Penal Code.)

Signature	
Name	
Position	