

# 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. Damage Details	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Non Current Assets</div>
	<input type="checkbox"/> Land <input type="checkbox"/> Biological Assets
	<input type="checkbox"/> Land & Building <input type="checkbox"/> Investment in associates and joint ventures
	<input type="checkbox"/> Plant & Equipment <input type="checkbox"/> Other Non-Current Assets

Express all amounts in kyats

Part C. Calculation of the amount of losses of business:								
Name of Non Current Assets	Address	Original Cost	Accumulated Depreciation/ Amortization	Netbook Value	Damage		Amount of Salvage Sale / Disposal/ Insurance	Net Loss
					Value	Percentage		
1. Land								
2. Land & Building								
3. Plant & Equipment								
4. Biological Assets								
5. Investment in associates and joint ventures								
6. Other Non-Current Assets								
<b>Total</b>								

The amount contained in Part G, Line (4-e) of 2024-2025 Associated Income Tax Return.

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	