

Issued under authority of Public Act 281 of 1967, as amended.

Attachment 27

1. Filer's Name Shown on Tax Return:	2. Identifying Number:
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If additional space is needed, complete the *Excess Business Loss Continuation Schedule* (Form 5606).

A	B	C	D	E	F
Business Name	Federal Employer Identification Number (FEIN or SSN)	Apportionment Percentage from MI-1040H, line 8 (if applicable)	Federal Income (Loss) (Amount included in U.S. Form 467, line 14)	Michigan Income (Loss) (Amount in column D attributable to business activity in Michigan)	Non-Michigan Income (Loss) (Amount in column D attributable to business activity outside of Michigan)
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
		%	00	00	00
3. TOTAL. Add columns D, E and F. Include amounts from <i>Excess Business Loss Continuation Schedule</i> , Form 5606 (if applicable).			00	00	00

Important: To complete lines 4 through 10, you must use the line-by-line instructions

4. Percentage of Total Loss. Divide the total of each column on line 3 by column D, line 3.	100	%		%	%
5. Federal Allowable Business Loss		00		00	00
6. Guaranteed payments adjustment		00		00	00
7. Subtotal		00		00	00
8. Adjustment when either line 7, column E or line 7, column F is a positive number				00	00
9. Apportioned Allowable Business Loss as adjusted		00		00	00