2283	(Rev. 03-22)		ft 3/3/2022			
202	22 MICHIGAN Ex	cess Busine	ess Loss M	I-461		
	d under authority of Public Act 281					
	or print in blue or black in ler's Name Shown on Tax Return	k.		2.1	dentifying Number	Attachment 27
	OWABLE AND EXCE			uation Schedule (Form	5606)	
li da	A A	В	C	D D	E	F
		Federal Employer	Apportionment	Federal Income	Michigan Income (Loss)	Non-Michigan Income (Loss)
	Business Name	Identification Number	Percentage from MI-1040H, line 8	(Loss) (Amount included in	(Amount in column D attributable to business	(Amount in column D attributable to business
		(FEIN or SSN)	(if applicable)	U.S. Form 461, line 14)	activity in Michigan)	activity outside of Michigan)
			%	00	00	00
			%	00	00	00
H			%	00	00	0.0
			%	00	00	0.0
			%	00	00	OC
			%	00	00	OC
			%	00	00	OC
			%	00	00	OC
			%	00	00	OC
			%	00	00	OC
			%	00	00	00
3.			<u>%</u>	00	00	0.0
J.	TOTAL. Add columns D, E Business Loss Continuation			00	00	00
Impo	ortant. To complete lines	4 through 10, you r	nust use the line-	by-line instructions		
4.		Divide the total of each	column on line 3	100 %	%	1%
	by column D, line 3			7 7 1%		1%0
5.	Federal Allowable Busine	ss Loss		00	00	OC
6.	Guaranteed payments ad	ustment		00	00	OC
7.	Subtotal			00	00	00
8.	Adjustment when either line	7, column E or line 7, c	olumn F is a		00	OC
9.	Apportioned Allowable Bi	usiness Loss as adjus	ted	00	00	00
10.	Excess Business Loss				00	00