COMPANY NAME:
FOR THE YEAR ENDED 20_ _

SCHEDULE A2: *_INSURANCE COMPANIES ONLY_* to be completed with APPENDIX 1 (WORKSHEET FOR INSURANCE COMPANIES)

		$
100	INCOME FROM INSURANCE COMPANY (Appendix 1)	_____
125	DEDUCTIONS FROM INCOME SPECEFIC TO INSURANCE COMPANIES (Appendix1)	_____
150	**NET INCOME FOR TAX PURPOSES FOR INSURANCE COMPANY (line 100- line 125)**	_____
	ADD: EXPENSES AND CHARGES NOT ALLOWED:	
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	……	
220	**TOTAL EXPENSES AND CHARGES NOT ALLOWED**	_____
	Deduct: ALLOWNACES GRANTED:	
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	……	
230	**TOTAL ALLOWANCES GRANTED**	_____
	CHARABLE INCOME (line150 plus line 220 minus line 330)	_____
	(Transfer the amount from line 340 to line 1)	