

Prescribed Loss Statement

Tax Year:

Taxpayer Name:

Taxpayer Identification Number:

Address:

Details of Prescribed Loss

Description of Loss	Date Incurred	Type of Loss	Amount (USD)
Total Loss Claimed			

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that furnishing false information may attract penalties under the applicable tax laws.

Date:

Signature:

Important Notes

- This statement should be retained for your records and provided to the tax authority upon request.
- Ensure that details entered are supported by proper documentation and evidence.
- Only prescribed losses as defined by tax regulations may be claimed using this statement.
- It is advisable to consult a tax advisor for advice specific to your circumstance.