ANNUAL CAPITAL GAINS INCOME STATEMENT

TAX YEAR: _____

TAXPAYER INFORMATION

Full Name:

Address:

Tax ID / SSN:

Phone/Email:

SUMMARY OF CAPITAL GAINS AND LOSSES

Category	Total Proceeds	Total Cost Basis	Net Gain / (Loss)
Short-Term Capital Gains/Losses (Held 1 year or less)			
Long-Term Capital Gains/Losses (Held more than 1 year)			
Total Portfolio Summary			

DETAILED SCHEDULE OF TRANSACTIONS

Description of Property/Asset	Date Acquired	Date Sold	Proceeds (Sale Price)	Cost Basis	Gain or (Loss)

DECLARATION & SIGNATURE

I declare under penalties of perjury that I have examined this statement, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Taxpayer:

Date: