CAPITAL GAINS TAX DECLARATION

Statement of Capital Gains Income

1. TAXPAYER INFORMATION

FULL NAME / ENTITY NAME

TAX IDENTIFICATION NUMBER (TIN)

ADDRESS

TAX YEAR / ASSESSMENT PERIOD

2. DESCRIPTION OF ASSET DISPOSAL

TYPE OF ASSET (E.G., SHARES, REAL PROPERTY)

LOCATION / IDENTIFICATION DETAILS OF ASSET

DATE OF ACQUISITION

DATE OF DISPOSAL

3. CAPITAL GAINS CALCULATION

DESCRIPTION OF FINANCIAL COMPONENTS	AMOUNT
Gross Disposal Proceeds / Sale Price	
Less: Acquisition Cost / Purchase Price	
Less: Allowable Improvement Costs	
Less: Transaction Costs (Brokerage, Legal, Valuation, Stamp Duty)	
Total Adjusted Cost Base (Sum of Costs)	
Gross Capital Gain / (Loss) (Disposal Proceeds less Cost Base)	
Less: Exemptions / Reliefs / Rollovers claimed	
Net Taxable Capital Gain	
Capital Gains Tax Rate (%)	
Capital Gains Tax Due	

4. DECLARATION

I hereby declare that the information provided in this statement is, to the best of my knowledge and belief, true, correct, and complete in every details, and that I have disclosed all capital gains accrued during the specified tax period in accordance with the prevailing tax laws and regulations.

Signature of Taxpayer / Authorized Representative

Date