

# COMPANY CAPITAL GAINS TAX RETURN SCHEDULE

Tax Year: 20\_\_\_\_

## 1. COMPANY INFORMATION

COMPANY NAME

TAX REGISTRATION NUMBER (TIN)

REGISTERED OFFICE ADDRESS

CONTACT EMAIL

## 2. DETAILS OF ASSET DISPOSALS

Description of Asset	Date of Acquisition	Date of Disposal	Disposal Proceeds (A)	Cost Base (B)	Capital Gain / Loss (A - B)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Gross Capital Gains / Losses			<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. SUMMARY OF CAPITAL GAINS AND LOSSES

A. Total Current Year Capital Gains	<input type="text"/>
B. Total Current Year Capital Losses	<input type="text"/>
C. Net Capital Gain for current year (A minus B, if positive)	<input type="text"/>
D. Prior Year Capital Losses Carried Forward applied to current year	<input type="text"/>
<b>E. Net Taxable Capital Gain (C minus D)</b>	<input type="text"/>
F. Capital Losses to be Carried Forward to next Tax Year	<input type="text"/>

## 4. CONCESSIONS, EXEMPTIONS, AND ROLL-OVERS

Concession / Exemption Type	Applied Amount	Reference / Authority Section
<input type="text"/>	<input type="text"/>	<input type="text"/>

Concession / Exemption Type	Applied Amount	Reference / Authority Section

**5. DECLARATION AND SIGNATURE**

I declare that the information provided in this Capital Gains Tax Return Schedule is true, correct, and complete to the best of my knowledge and belief, and is prepared in accordance with the relevant tax administration laws and regulations.

AUTHORIZED SIGNATORY NAME

DESIGNATION/ TITLE

SIGNATURE

DATE