CAPITAL GAINS AND LOSSES SUMMARY

Statement of Capital Transactions

Taxpayer Name:

_____

Tax Identification Number:

_____

Tax Year:

_____

Statement Date:

_____

DESCRIPTION OF PROPERTY	DATE ACQUIRED	DATE SOLD	PROCEEDS (SALES PRICE)	COST BASIS	GAIN OR (LOSS)	TYPE (SHORT/LONG TERM)

Total Short-Term Capital Gains	
Total Short-Term Capital Losses	
Total Long-Term Capital Gains	
Total Long-Term Capital Losses	
Net Capital Gain or Loss	

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

_____

Taxpayer Signature

_____

Date