SCHEDULE OF CAPITAL GAINS INCOME

Statement of Realized Gains and Losses

Taxpayer Name: _____ **Tax Year:** _____

SSN / FEIN: _____ **Prepared By:** _____

PART I: SHORT-TERM CAPITAL GAINS & LOSSES (ASSETS HELD ONE YEAR OR LESS)

(a) Description of Property	(b) Date Acquired	(c) Date Sold	(d) Proceeds (Sales Price)	(e) Cost or Other Basis	(f) Gain or (Loss)
Total Short-Term Capital Gains / (Losses)					

PART II: LONG-TERM CAPITAL GAINS & LOSSES (ASSETS HELD MORE THAN ONE YEAR)

(a) Description of Property	(b) Date Acquired	(c) Date Sold	(d) Proceeds (Sales Price)	(e) Cost or Other Basis	(f) Gain or (Loss)
Total Long-Term Capital Gains / (Losses)					

PART III: SUMMARY OF CAPITAL GAINS AND LOSSES

1. Net Short-Term Capital Gain or (Loss)	
2. Net Long-Term Capital Gain or (Loss)	
3. Total Net Capital Gain or (Loss)	

_____ _____

Taxpayer Signature Date

_____ _____

Preparer Signature (if applicable) Date