CAPITAL GAINS REALIZATION STATEMENT

Draft Statement of Capital Gains Income

Taxpayer Name:

Tax Identification Number:

Account / Portfolio Number:

Tax Year:

Statement Date:

Currency:

SUMMARY OF CAPITAL REALIZATIONS

Total Short-Term Capital Gains:

Total Short-Term Capital Losses:

Total Long-Term Capital Gains:

Total Long-Term Capital Losses:

Net Capital Gain / Loss:

Asset Description / Share Quantity	Date Acquired	Date Sold	Gross Proceeds	Cost Basis	Realized Gain / (Loss)

Prepared By / Representative Signature

Date

Taxpayer / Declarant Signature

Date