INVESTMENT CAPITAL GAINS INCOME REPORT

Statement of Capital Gains and Losses

TAXPAYER INFORMATION

Full Name:

Tax ID / SSN:

Address:

REPORTING PERIOD

Tax Year:

Start Date:

End Date:

SUMMARY OF CAPITAL GAINS & LOSSES

Category	Total Proceeds	Total Cost Basis	Net Gain / (Loss)
Short-Term Capital Gains (Held 1 year or less)			
Long-Term Capital Gains (Held more than 1 year)			
Total Net Capital Gains			

DETAILED TRANSACTION HISTORY

Asset Description	Date Acquired	Date Sold	Proceeds	Cost Basis	Gain / (Loss)

I hereby certify and declare under penalties of perjury that this Investment Capital Gains Income Report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Taxpayer Signature

Date