

CORPORATE CAPITAL GAINS TAX RETURN

Form CCG-100

Tax Year Beginning: _____ Ending: _____

Employer Identification Number (EIN): _____

SECTION I: CORPORATE INFORMATION

Corporation Name: _____

Street Address: _____

City: _____ State / Zip: _____

Contact Person: _____ Phone Number: _____

SECTION II: SCHEDULE OF CAPITAL GAINS AND LOSSES

A. Description of Property	B. Date Acquired (MM/DD/YYYY)	C. Date Sold (MM/DD/YYYY)	D. Gross Sales Price	E. Cost or Other Basis	F. Gain or (Loss) (D minus E)

SECTION III: TAX COMPUTATION

1. Total Short-Term Capital Gains / (Losses)	
2. Total Long-Term Capital Gains / (Losses)	
3. Total Net Capital Gain (Sum of lines 1 and 2; if zero or less, enter 0)	
4. Applicable Corporate Capital Gains Tax Rate (%)	
5. Total Capital Gains Tax Due (Multiply Line 3 by Line 4)	
6. Payments / Credits Already Made	
7. Net Tax Due / (Overpayment) (Line 5 minus Line 6)	

SECTION IV: DECLARATION AND SIGNATURE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Officer

Title

Date

Signature of Preparer (if other than taxpayer)

Preparer Firm Name / Address

Date