

## **CAPITAL GAINS AND LOSSES**

Attach to your Wisconsin Form 2



Name of estate or trust

Decedent's social security number

Trust's federal ID number (EIN)

Part	Short-Term Capital Gains and L	.osses—Asset	s Held One Ye	ar or Less			
(a) Des (Ex	scription of property ample, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)		(d) Sales price	(e) Cost o basis	or other	(f) GAIN OR (LOSS) (col. (d) less (e))
1							
2 S	hort-term gain from installment sales f	rom Form 6252				2	
3 N	et short-term gain or (loss) from partne	erships, S corpo	orations, and ot	her fiduciaries		3	
4 A	djustment to capital gain or (loss) for c	lifferences betw	een Wisconsin	and federal			
ba	asis from Schedule C of Form 2					4	
5 SI	hort-term capital loss carryover from 1	995 Wisconsin	Schedule WD (	(Form 2), line 25		5	( )
6a A	dd all of the transactions on lines 1 thr	ough 5 in colun	nn (f)			6a	
6b N	on-distributable portion included on lin	e 6a (see instru	uctions)			6b	
6c D	istributable portion included on line 6a	(fill in here and	l on line 3a, col	umn (d), of Schee	dule 2K-1		
if	a gain, and on line 12b, column (d) of	Schedule 2K-1	if a loss)			6c	

Pa	rt II Long-Term Capital Gains and L	osses—Assets	s Held More Th	han One Year or A	Acquired Fr	om A	Decedent	
7					•			
								_
8	Long-term gain from installment sales fr	om Form 6252.				8		_
9	Net long-term gain or (loss) from partne							
10	Capital gain distributions							
11	Enter gain from Form 4797, line 8 or 10					11		
12	Adjustment to capital gain or (loss) for d							
	basis from Schedule C of Form 2					12		
13	Long-term capital loss carryover from 19						(	)
14a	Add all of the transactions on lines 7 through 13 in column (f)			14a				
14b	Non-distributable portion included on lin	-						
14c	Distributable portion included on line 14	•	,					
	if a gain, and on line 12c, column (d) of					14c		

Name of estate or trust		Decedent's social security number		Trust's federal ID number (EIN)		
Р	art III Summary of Parts I and II		(a) Ben	eficiaries	(b) Fiduciary	
15	Combine line 6c and 14c and enter the net gain or (loss) in co Combine lines 6b and 14b and enter the net gain or (loss) in c <b>Note:</b> <i>If line 15, column b is a loss, skip lines 16 through 18 an</i> <i>If line 15, column b is a gain, complete lines 16 through</i>	olumn (b). d complete line 19.				
16	If line 15, column b, shows a gain, fill in the smaller of line 14b is a loss or no entry on line 14b	or line 15, column b. Fi				
17	Fill in 60% of line 16 Note: If capital gain income is used or set aside for charitable			17		
18 19	Subtract line 17 from line 15, column b If line 15, column b shows a (loss), fill in the smallest of: a The (loss) on line 15, column b, or b (\$500), or			18		

## Part IV Computation of Wisconsin Adjustment to Income

20	Ac	djustment (see instructions for Part IV)		(a) Beneficiaries	(b) Fiduciary
	а	Fill in gain from federal Form 1041, line 4. If a loss, fill in zero (0)	20a		
	b	Fill in gain from Wisconsin Schedule WD, line 18. If blank, fill in zero (0)	20b		
	с	If line 20b, column b is more than line 20a, column b, subtract line 20a			
		from line 20b. Fill in the result here and on line 4 of Sch. A, Form 2	20c		
	d	If line 20b, column b is less than line 20a, column b, subtract line 20b from			
		line 20a. Fill in the result here and on line 9 of Sch. A, Form 2	20d		
	е	Fill in loss from federal Form 1041, line 4 as a positive amount.			
		If a gain, fill in zero(0).	20e		
	f	Fill in loss from Wisconsin Schedule WD, line 19 as a positive amount.			
		If blank, fill in zero (0)	20f		
	g	If line 20f, column b is more than line 20e, column b, subtract line 20e from			
		line 20f. Fill in the result here and on line 9 of Sch. A, Form 2	20g		
	h	If line 20f, column b is less than line 20e, column b, subtract line 20f from			
		line 20e. Fill in the result here and on line 4 of Sch. A, Form 2	20h		

P	Part V Computation of Capital Loss Carryovers From 1996 to 1997 (Complete this part if the loss on line 15, column b is more than the loss on line 19.)					
Sho	ort-Term Capital Loss Carryover		Fiduciary			
21	Fill in the loss shown on line 6b as a positive amount. If none, fill in zero (0) and skip lines 22					
	through 25	21				
22	Fill in gain shown on line 14b. If that line is blank or shows a loss, fill in zero (0)	22				
23	Subtract line 22 from line 21	23				
24	Fill in the smaller of line 19 or line 23 treating both as positive amounts.	24				
25	Subtract line 24 from line 23. This is your short-term capital loss carryover from 1996 to 1997	25				
Lor	ng-Term Loss Carryover					
26	Fill in loss from line 14b as a positive amount. If none, fill in zero (0) and skip lines 27 through 30	26				
27	Fill in gain shown on line 6b. If that line is blank or shows a loss, fill in zero (0)	27				
28	Subtract line 27 from line 26	28				
29	Subtract line 24 from line 19, treating both as a positive amount. (Note: If you skipped					
	lines 22 through 25, fill in amount from line 19 as a positive amount)	29				
30	Subtract line 29 from line 28. This is your long-term capital loss carryover from 1996 to 1997					