SCHEDULE (Form 2)

CAPITAL GAINS AND LOSSES

Attach to your Wisconsin Form 2

1998

Wisconsin Department of Revenue Name of estate or trust

Decedent's social security number

Trust's federal ID number (EIN)

(a)	Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) GAIN OR (LOSS) (col. (d) less (e))
1						
2	Short-term gain from installment sales f			•		
2	Forms 4684, 6781, and 8824					
3 4	Net short-term gain or (loss) from partner				3	
4	Adjustment to capital gain or (loss) for cobasis from Schedule C of Form 2				4	
5	Short-term capital loss carryover from 1					()
	Add all of the transactions on lines 1 thr		,	• • •		,
6b	Non-distributable portion included on lin	•				
6c	Distributable portion included on line 6a	,	•			
	if a gain, and on line 13b, column (d) of	•				;
	rt II Long-Term Capital Gains and L	osses—Assets	s Held More Th	nan One Year or	Acquired From A	Decedent
7						
	Language and a frame in staller and a slag for	Farm COFO				
8	Long-term gain from installment sales fr		•	•	0	
	Forms 4684, 6781, and 8824					
9	Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partne	rships, S corpo	rations, and oth	er fiduciaries	9	
9	Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partne Capital gain distributions	rships, S corpo	rations, and oth	er fiduciaries	9 10	
9 10 11	Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partne Capital gain distributions Enter gain from Form 4797, line 7 or 9 .	rships, S corpo	rations, and oth	er fiduciaries	9 10	
9 10 11	Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partne Capital gain distributions Enter gain from Form 4797, line 7 or 9 . Adjustment to capital gain or (loss) for or	rships, S corpo	rations, and oth	er fiduciaries and federal		
9 10 11 12	Forms 4684, 6781, and 8824	rships, S corpo	rations, and oth	er fiduciaries and federal		
9 10 11 12	Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partne Capital gain distributions Enter gain from Form 4797, line 7 or 9. Adjustment to capital gain or (loss) for cobasis from Schedule C of Form 2 Long-term capital loss carryover from 19	differences betw	rations, and oth	and federal Form 2), line 30		
9 10 11 12 13	Forms 4684, 6781, and 8824	differences betwoons 1997 Wisconsin Sough 13 in colu	rations, and oth	and federal Form 2), line 30		
9 10 11 12 13 14a 14b	Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partne Capital gain distributions Enter gain from Form 4797, line 7 or 9. Adjustment to capital gain or (loss) for cobasis from Schedule C of Form 2 Long-term capital loss carryover from 19	differences between 13 in colume 14a (see insti	rations, and oth	and federal Form 2), line 30	9	()

		umber T	Trust's federal ID number (EIN)			
art III Summary of Parts I and II		(a) Benefi	ciaries	(b) Fiduciary		
Combine line 6c and 14c and enter the net gain or (loss) i	in column (a).					
Combine lines 6b and 14b and enter the net gain or (loss)	• •					
Note: If line 15, column b is a loss, skip lines 16 through 1						
If line 15, column b is a gain, complete lines 16 through 18 and skip line 19.						
If line 15, column b, shows a gain, fill in the smaller of line 14b or line 15, column b. Fill in zero if there						
is a loss or no entry on line 14b						
Fill in 60% of line 16			17			
Note: If capital gain income is used or set aside for charita	able purposes, see instructio	ns.				
Subtract line 17 from line 15, column b			18			
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						
c Wisconsin ordinary income (see instructions)			_			
Note: When figuring whether 19a, 19b or 19c is smalle	est, treat all numbers as if the	y are positiv	e.			
ort IV Computation of Wisconsin Adjustment to Incom	ne	(a) Benefi	ciaries	(b) Fiduciary		
Adjustment (see instructions for Part IV)	. (0)	(α) Σοποπ	oid.100	(0) 1100000		
a Fill in gain from federal Form 1041, line 4. If a loss, fill in						
b Fill in gain from Wisconsin Schedule WD, line 18. If blac If line 20b, column b is more than line 20a, column b, s						
from line 20b. Fill in the result here and on line 4 of Sci						
d If line 20b, column b is less than line 20a, column b, su						
line 20a. Fill in the result here and on line 9 of Sch. A,						
e Fill in loss from federal Form 1041, line 4 as a positive						
If a gain, fill in zero(0)						
f Fill in loss from Wisconsin Schedule WD, line 19 as a						
If blank, fill in zero (0)	20f					
g If line 20f, column b is more than line 20e, column b, se	ubtract line 20e from					
line 20f. Fill in the result here and on line 9 of Sch. A, F	Form 2 20g					
h If line 20f, column b is less than line 20e, column b, sul	btract line 20f from					
line 20e. Fill in the result here and on line 4 of Sch. A,	Form 2 20h					
art V Computation of Capital Loss Carryovers From 1998 to 1	1999 (Complete this part if the loss on	line 15, column b	is more than th	e loss on line 19.)		
ort-Term Capital Loss Carryover				Fiduciary		
Fill in the loss shown on line 6b as a positive amount. If no	one, fill in zero (0) and skip li	nes 22				
through 25						
Fill in gain shown on line 14b. If that line is blank or shows						
Subtract line 22 from line 21						
Fill in the smaller of line 19 or line 23 treating both as posi Subtract line 24 from line 23. This is your short-term capit						

Subtract line 24 from line 19, treating both as a positive amount. (Note: If you skipped