

## **CAPITAL GAINS AND LOSSES**

Attach to your Wisconsin Form 2

2003

Name of estate or trust

Decedent's social security number

Estate or trust federal ID number (EIN)

Pa	rt I Short-Term Capital Gains and	Losses - Ass	sets Held One	Year or Less				
(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	from Form 625	2 and short-ter	m gain or loss fro	m			
	Forms 4684, 6781, and 8824				2			
3	Net short-term gain or (loss) from partr	nerships, S corp	orations, and	other fiduciaries.	3			
4	Adjustment to capital gain or (loss) for	differences bet	ween Wiscons	in and federal				
	basis from Schedule C of Form 2				4			
5	Short-term capital loss carryover from	2002 Wisconsir	n Schedule WD	(Form 2), line 2	55	( )		
6a	a Add all of the transactions on lines 1 through 5 in column (f)							
6b	Non-distributable portion included on li	ne 6a (see inst	ructions)		6b			
6c	Distributable portion included on line 6	a (fill in here ar	d on line 3, col	lumn (d), of Sche	dule 2K-1			
	if a gain, and on line 13b, column (d) o	f Schedule 2K-	1 if a loss)		6c			
7	rt II Long-Term Capital Gains and							
8	Long-term gain from installment sales long-term gain or loss from Forms 468							
9	Net long-term gain or (loss) from partn	erships, S corp	orations, and o	ther fiduciaries .	9			
10	Capital gain distributions				10			
11	Enter gain from Form 4797, line 7 or 9				11			
12								
	Adjustment to capital gain or (loss) for basis from Schedule C of Form 2							
13	Long-term capital loss carryover from 2	2002 Wisconsir	Schedule WD	(Form 2), line 30	) 13	( )		
14a	Add all of the transactions on lines 7 th							
	Non-distributable portion included on li	-	* *					
	Distributable portion included on line 1-	•	•					
	if a gain, and on line 13c, column (d) of	•						

Schedule WD (Form 2) 2003 Page 2

Name of estate or trust		Decedent's social security nu	mber Estate or tru	Estate or trust federal ID number (EIN)			
P	art III Summary of Parts I and II		(a) Beneficiaries	(b) Fiduciary			
	Combine line 6c and 14c and enter the net gain or (loss) in a Combine lines 6b and 14b and enter the net gain or (loss) in Note: If line 15, column b is a loss, skip lines 16 through 18 a If line 15, column b is a gain, complete lines 16 through 15 through 15 column b shows a gain, fill in the smaller of line 15.	column (b). and complete line 19. h 18 and skip line 19.	Fill in zero if there				
17	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						
18	Note: If capital gain income is used or set aside for charitable Subtract line 17 from line 15, column b						
19	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)						
P:	art IV Computation of Wisconsin Adjustment to Incom	<b>A</b>					
	Adjustment (see instructions for Part IV)		(a) Beneficiaries	(b) Fiduciary			
20	a 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						
	c If line 20b, column b is more than line 20a, column b, sub	. ,					
	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, subt	ract line 20b from					
	line 20a. Fill in the result here and on line 9 of Sch. A, Fo						
	e Fill in loss from federal Form 1041, line 4 as a positive an						
	If a gain, fill in zero (0)	sitive amount.					
	g If line 20f, column b is more than line 20e, column b, subtline 20f. Fill in the result here and on line 9 of Sch. A, For have an amount on line 20d, column b, add the amounts						
	20g, and fill in the total on line 9 of Sch. A, Form 2)						
	h If line 20f, column b is less than line 20e, column b, subtr						
	line 20e. Fill in the result here and on line 4 of Sch. A, Fo have an amount on line 20c, column b, add the amounts						
	20h, and fill in the total on line 4 of Sch. A, Form 2)						
_	art V Computation of Capital Loss Carryovers From 2003 to 200	4 (Complete this part if the loss	on line 15, column b is mo	re than the loss on line 19.) Fiduciary			
	ort-Term Capital Loss Carryover	- fill in mana (0) and alsin	lines 00	1 Iddelary			
21	Fill in the loss shown on line 6b as a positive amount. If none through 25						
22	through 25						
23	Subtract line 22 from line 21						
24	Subtract line 22 from line 21						
25	Subtract line 24 from line 23. This is your short-term capital						
		,					
Long-Term Capital Loss Carryover							
26 27	Fill in loss from line 14b as a positive amount. If none, fill in zero (0) and skip lines 27 through 30 26						
28	Subtract line 27 from line 26						
29							
-	lines 22 through 25, fill in amount from line 19 as a positive a						
30	Subtract line 29 from line 28. This is your long-term capital loss carryover from 2003 to 2004 30						