

FIRST NAME M.I. LAST NAME SOCIAL SECURITY NUMBER

Be sure to enclose copy of U.S. Schedule D (if filed) and U.S. Form 4797.

Schedule D. Long-Term Capital Gains and Losses Excluding Collectibles **1999**

For lines 1–7, 9 and 11, enter in the appropriate column amounts from the sale, exchange or involuntary conversion of Massachusetts capital assets:

A. Held more than one year but not more than two years

B. Held more than two years but not more than three years

▼ If showing a loss, mark over X in box at left

▼ If showing a loss, mark over X in box at left

1	Enter amounts included in U.S. Sch. D, line 8, col. f	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
2	Enter amounts included in U.S. Sch. D, line 9, col. f	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
3	Enter amounts included in U.S. Sch. D, line 11, col. f	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
4	Enter amounts included in U.S. Sch. D, line 12, col. f	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
5	Enter amounts included in U.S. Sch. D, line 13, col. f If U.S. Schedule D not filed, enter the amount from U.S. Form 1040, line 13.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
6	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II (not included in lines 1 through 5). See instructions	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
7	Carryover losses from prior years. See instructions	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
8	Combine lines 1 through 7	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
9	Differences, if any. See instructions	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
10	Exclude/subtract line 9 from line 8.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
11	Long-term gains on collectibles and pre-1996 installment sales. See instr. Also enter amount in Sch. B, line 9		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
12	Subtotal. Subtract line 11 from line 10. See instr.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
13	Long-term capital losses applied against long-term capital gains (from worksheet in instructions).	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
14	Subtotal. Combine line 12 and line 13. See instr.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
15	Long-term capital losses applied against short-term capital gains (from worksheet in instructions).		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
16	Subtotal. Combine line 14 and line 15. See instr.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
17	Short-term capital losses applied against long-term capital gains (from worksheet in instructions).		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
18	Subtotal. Subtract line 17 from line 16. See instr.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
19	Allowable deductions from your trade or business (from Schedule C-2). See instructions		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
20	Subtotal. Subtract line 19 from line 18.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
21	Excess exemptions (from worksheet in instructions) only if single, head of household or married filing jointly		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
22	Adjusted long-term capital gains/losses. Subtract line 21 from line 20. See instructions	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>						
			Multiply line 22, col. A by .05; enter result below							Multiply line 22, col. B by .04; enter result below							
23	Multiply line 22 by applicable tax rate.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						

Add line 23A and line 23B with line 23C and line 23D (from Schedule D, page 2). Enter result on line 24 (Schedule D, page 2).

