



FIRST NAME: _____ M.I.: _____ LAST NAME: _____ SOCIAL SECURITY NUMBER: _____

Note: Complete Schedule D-IS, Installment Sales, if you are reporting any capital gains on installment sales occurring between January 1, 1996 through December 31, 2002 or qualified small business stock gains. If you are required to file Schedule D-IS, you must include any capital gains or losses otherwise reportable on Schedule D. Also, be sure to enclose U.S. Form 6252, Installment Sale Income, for each installment sale.

Schedule D-IS Long-Term Capital Gains and Losses Excluding Collectibles 2019

Type of return filed. Fill in applicable oval: Form 1 Form 1-NR/PY Form 2 Form 3M

Part 1. Long-Term Capital Gains (including from Qualified Small Business Stock) and Losses, Excluding Collectibles

For lines 1 through 6, 8 and 10, enter the amounts from the sale, exchange or involuntary conversion of Massachusetts capital assets.

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

1	Enter amounts included in U.S. Sch. D, lines 8a and 8b, col. h.	1	<input type="checkbox"/>						
2	Enter amounts included in U.S. Sch. D, line 9, col. h.	2	<input type="checkbox"/>						
3	Enter amounts included in U.S. Sch. D, line 10, col. h.	3	<input type="checkbox"/>						
4	Enter amounts included in U.S. Sch. D, line 11, col. h.	4	<input type="checkbox"/>						
5	Enter amounts included in U.S. Sch. D, line 12, col. h.	5	<input type="checkbox"/>						
6	Enter amounts included in U.S. Sch. D, line 13, col. h. If U.S. Schedule D not filed, enter the amount from U.S. Form 1040, Schedule 1, line 13.	6	<input type="checkbox"/>						
7	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II (not included in lines 1 through 6). See instructions.	7	<input type="checkbox"/>						
8	Carryover losses from prior years.	8	<input type="checkbox"/>						
9	Combine lines 1 through 8.	9	<input type="checkbox"/>						
10	Differences, if any. See instructions.	10	<input type="checkbox"/>						
11	Adjusted capital gains and losses. See instructions.	11	<input type="checkbox"/>						
12	Long-term gains on collectibles and pre-1996 installment sales. See instructions. Also enter amount in Schedule B, Part 2, line 11.	12	<input type="checkbox"/>						
13	Long-term capital gain on installment sales from January 1, 1996 through December 31, 2002. See instructions.	13	<input type="checkbox"/>						
14	Subtotal. Subtract the total of lines 12 and 13 from line 11. See instructions.	14	<input type="checkbox"/>						
15	Long-term capital losses applied against long-term capital gains. See instructions.	15	<input type="checkbox"/>						
16	Subtotal. Combine line 14 and line 15. See instructions.	16	<input type="checkbox"/>						
17	Capital losses applied against capital gains. See instructions.	17	<input type="checkbox"/>						
18	Subtotal. If line 16 is greater than "0," subtract line 17 from line 16. If line 16 is less than "0," combine lines 16 and 17. If line 18 is a loss, see instructions.	18	<input type="checkbox"/>						
19	Long-term capital losses applied against interest and dividends. See instructions.	19	<input type="checkbox"/>						
20	Subtotal. Combine line 18 and line 19. See instructions.	20	<input type="checkbox"/>						
21	Allowable deductions from your trade or business (from Schedule C-2). See instructions.	21	<input type="checkbox"/>						
22	Subtotal. Subtract line 21 from line 20. Not less than "0".	22	<input type="checkbox"/>						
23	Excess exemptions (only if single, head of household or married filing jointly). See instructions.	23	<input type="checkbox"/>						
24	Subtotal. Subtract line 23 from line 22. Not less than "0".	24	<input type="checkbox"/>						
25	Taxable Qualified Small Business Stock gains included in line 24. Enter here and on Schedule D-IS, Part 3, line 26, col. 1. See instructions.	25	<input type="checkbox"/>						
26	Taxable long-term capital gains. Subtract line 25 from line 24. Not less than "0". Enter here and on Schedule D-IS, Part 3, line 26 col 1. See instructions.	26	<input type="checkbox"/>						



SOCIAL SECURITY NUMBER

Grid for Social Security Number

Part 2. Long-Term Capital Gains and Losses On Installment Sales from January 1, 1996 Through December 31, 2002

For lines 1 and 2, enter in the appropriate column amounts from the sale, of long-term installment sales from January 1, 1996 through December 31, 2002.

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

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

Main table with 9 rows and 3 columns for data entry. Includes instructions for losses and a warning to complete Schedule D-IS.

BE SURE TO COMPLETE SCHEDULE D-IS, PAGES 3, 4 AND 5.



FIRST NAME M.I. LAST NAME SOCIAL SECURITY NUMBER

Part 2. Long-Term Capital Gains and Losses On Installment Sales from January 1, 1996 Through December 31, 2002 (cont'd.)

For lines 1 and 2, enter in the appropriate column amounts from the sale, of long-term installment sales from January 1, 1996 through December 31, 2002.

C. Held more than three years but not more than four years

D. Held more than four years but not more than five years

1	Long-term gain on installment sale from January 1, 1996 through December 31, 2002 from line 13.	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Long-term capital losses applied against long-term installment sales. See instructions.	2	<input checked="" 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Subtotal. Combine line 1 and line 2. See instructions	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Short-term capital losses applied against long-term installment sales. See instructions.	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Subtotal. subtract line 4 from line 3.	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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	Allowable deductions from your trade or business (from Schedule C-2). See instructions.	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Subtotal. Subtract line 6 from line 5. Not less than "0".	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Excess exemptions only if single, head of household or married filing jointly. See instructions.	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Taxable long-term capital gains. Subtract line 8 from line 7. Not less than "0." Enter result here and on Schedule D-IS, Part 3, line 26, col. 1. See instructions.	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BE SURE TO COMPLETE SCHEDULE D-IS, PAGES 4 (ON OTHER SIDE) AND 5.



SOCIAL SECURITY NUMBER

Grid for Social Security Number

Part 2. Long-Term Capital Gains and Losses On Installment Sales from January 1, 1996 Through December 31, 2002 (cont'd.)

For lines 1 and 2, enter in the appropriate column amounts from the sale, of long-term installment sales from January 1, 1996 through December 31, 2002.

E. Held more than five years but not more than six years

F. Held more than six years

Main table with 9 rows and 2 columns of input boxes for lines 1-9.

BE SURE TO COMPLETE SCHEDULE D-IS, PAGE 5.



FIRST NAME M.I. LAST NAME

SOCIAL SECURITY NUMBER

Part 3. Tax on Long-Term Capital Gains

26

A. Enter in col. 1 the amount from Schedule D-IS, Part 1, line 26. Multiply by .0505. Enter result in col. 2. **Note:** If choosing the optional 5.85% tax rate, multiply line 26 by .0585. 26A

	col. 1		col. 2
	<input type="text"/>	× .0505	<input type="text"/>

B. Enter in col. 1 the amount of qualified small business stock gain from Schedule D-IS, Part 1, line 25. Multiply by .03. Enter result in col. 2. 26B

	<input type="text"/>	× .03	<input type="text"/>
--	----------------------	-------	----------------------

C. Enter in col. 1 the amount from Schedule D-IS, Part 2, line 9, col. A. Multiply by .05. Enter result col. 2. 26C

	<input type="text"/>	× .05	<input type="text"/>
--	----------------------	-------	----------------------

D. Enter in col. 1 the amount from Schedule D-IS, Part 2, line 9, col. B. Multiply by .04. Enter result in col. 2. 26D

	<input type="text"/>	× .04	<input type="text"/>
--	----------------------	-------	----------------------

E. Enter in col. 1 the amount from Schedule D-IS, Part 2, line 9, col. C. Multiply by .03. Enter result in col. 2. 26E

	<input type="text"/>	× .03	<input type="text"/>
--	----------------------	-------	----------------------

F. Enter in col. 1 the amount from Schedule D-IS, Part 2, line 9, col. D. Multiply by .02. Enter result in col. 2. 26F

	<input type="text"/>	× .02	<input type="text"/>
--	----------------------	-------	----------------------

G. Enter in col. 1 the amount from Schedule D-IS, Part 2, line 9, col. E. Multiply by .01. Enter result in col. 2. 26G

	<input type="text"/>	× .01	<input type="text"/>
--	----------------------	-------	----------------------

H. Enter in col. 1 the amount from Schedule D-IS, Part 2, line 9, col. F. 26H

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

27

Total tax on long-term capital gains. Add lines 26A, 26B, 26C, 26D, 26E, 26F and 26G of col. 2. Enter result here and on Form 1, line 24; Form 1-NR/PY, line 28; or Form 3M, line 7. Form 2 filers, see instructions. 27

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

28

Available losses for carryover. Enter the amount from Schedule D-IS, Part 1, line 20, only if it is a loss. 28

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------------------	----------------------	----------------------	----------------------