



KENTUCKY CAPITAL GAINS AND LOSSES

	Jse Form 8949 to list your Kentucky transactions for lines	➤ Enclose with Form 741							
Nam	e of estate or trust	Federal Employer Identification Number							
PAF	PART I—SHORT-TERM CAPITAL GAINS AND LOSSES (Assets Held One Year or Less)								
See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
1(a)	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1(b).								
1(b)	Totals for all transactions reported on Form(s) 8949 with Box A checked								
2	Totals for all transactions reported on Form(s) 8949 with Box B checked								
3	Totals for all transactions reported on Form(s) 8949 with Box C checked								
4	Short-term capital gain or (loss) from federal Forms 4684, 6252, 6	6781 and 8824			4				
5	Enter net short-term gain or (loss) from partnerships, S corporation	5							
6	Short-term capital loss carryover from 2023 Schedule D, line 29					()			
7	Net short-term gain or (loss), combine lines 1(a) through 6 in column (h). Enter here and on line 17								
PAF	RT II—LONG-TERM CAPITAL GAINS AND LOSSES (Assets	Held More Than	One Year)						
See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
8(a)	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8(b).								
8(b)	Totals for all transactions reported on Form(s) 8949 with Box D checked								
9	Totals for all transactions reported on Form(s) 8949 with Box E checked								
10	Totals for all transactions reported on Form(s) 8949 with Box F checked								

Long-term capital gain or (loss) from federal Forms 2439, 4684, 6252, 6781 and 8824

Enter net long-term gain or (loss) from partnerships, S corporations and other fiduciaries.....

Capital gain distributions.....

Net long-term gain or (loss), combine lines 8(a) through 15 in column (h). Enter here and on line 18......







Page	2	of	2

PART III—SUMMARY OF PARTS I AND II			1. Beneficiaries	2. Estates or Trusts	3. Total				
 17	Net short-term gain or (loss) from line 7	17							
18	Net long-term gain or (loss) from line 16	18							
19	Total net gain or (loss)	19							
	Enter on Form 741, Schedule M, line 3, the net gain shown on line 19, column 3 above that is not reported on federal Form 1041. If net (loss) on line 19, column 3 above, complete Part IV.								
PAI	RT IV—COMPUTATION OF CAPITAL LOSS LIMITATION								
20	20 Enter the smaller of: i The net loss on line 19, column 3; or ii \$3,000				()				
	Enter on Form 741, Schedule M, line 7, any additional loss that is not reported on federal Form 1041. If the net loss on line 19, column 3, is more than \$3,000, complete Part V to determine your capital loss carryover.								
PAI	RT V—COMPUTATION OF CAPITAL LOSS CARRYOVERS FROM	1 202	4 TO 2025						
	SECTION A—Computati	on o	f Carryover Limit						
21	1 Enter taxable income or (loss) for 2024 from Form 741								
22 Enter loss from line 20, above, as a positive amount				22					
23	23 Adjusted taxable income (combine lines 21 and 22; do not enter less than zero)								
24	Enter the lesser of lines 22 or 23			24					
	SECTION B—Short-Term (Complete this section only if there is a l			column 3.)					
25	Enter loss shown on line 7, Schedule D, Part I, as a positive amount			25					
26	Enter gain, if any, from line 16. (If that line is blank or shows a loss, en	ter ze	ero.)	26					
27	Enter amount from line 24, above			27					
28	Add lines 26 and 27			28					
29	Subtract line 28 from line 25. If zero or less, enter zero. This is your sh from 2024 to 2025	ort-te	rm capital loss carryo	ver 29					
	SECTION C—Long-Term (Complete this section only if there is a le	-		, column 3.)					
30	Enter loss from line 16 as a positive amount			30					
31	Enter gain, if any, from line 7, Schedule D, Part I. (If that line is blank o	r sho	ws a loss, enter zero.)	31					
32	Enter amount from line 24, above			32					
33	Enter amount, if any, from line 25, above			33					
34	Subtract line 33 from line 32. If zero or less, enter zero			34					
35	Add lines 31 and 34			35					
36	Subtract line 35 from line 30. If zero or less, enter zero. This is your lor	ng-ter	m capital loss carryov	er					