## 2016 MICHIGAN Sales and Other Dispositions of Capital Assets MI-8949

Issued under authority of Public Act 281 of 1967, as amended.

Attach to Form MI-1040. Report all amounts in whole dollar amounts. Type or print in blue or black ink.

| Print numbers like this : $0/23456789$ - NOT like this: $\emptyset$ | 8147 | Attachment 21 |
|---|------|---------------|
|---|------|---------------|

| İ | Filer's First Name                     | M.I. | Last Name | Filer's Full Social Security No. (Example: 123-45-6789)  |
|---|--|------|-----------|--|
| ı |  |      |           |  |
| Į |  |      |           |  |
| I | If a Joint Return, Spouse's First Name | M.I. | Last Name | Spouse's Full Social Security No. (Example: 123-45-6789) |
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| PART 1:<br>1. ENTER ALL SHORT-TERM CAI                                 | PITAL GAINS AN                              | ND LOSSES - AS                 | SSETS HELD ONE YEAR                                    | OR LESS  |
|--|---|--------------------------------|--|--|
| A<br>Description of Property<br>(Example, 100 shares of "Z" Co.)       | B<br>Date Acquired<br>(MM-DD-YYYY)          | C<br>Date Sold<br>(MM-DD-YYYY) | D<br>Federal Gain (Loss) from<br>column h of U.S. 8949 | E<br>Gain (Loss) from column D<br>subject to Michigan income tax |
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| Line 1 short-term totals. Add colu<br>(Michigan). Enter here and carry | ımn D (federal), and<br>to MI-1040D, line 1 | d column E                     |  |  |

| Filer's Full Social Security Number |  |  |
|-------------------------------------|--|--|
|-------------------------------------|--|--|

## **PART 2:**

## 3. ENTER ALL LONG-TERM CAPITAL GAINS AND LOSSES - ASSETS HELD MORE THAN ONE YEAR

| A Description of Property (Example, 100 shares of "Z" Co.) | B<br>Date Acquired<br>(MM-DD-YYYY) | C<br>Date Sold<br>(MM-DD-YYYY) | D<br>Federal Gain (Loss) from<br>column h of U.S. 8949 | E<br>Gain (Loss) from column I<br>subject to Michigan income |
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| . Line 3 long-term totals. Add colu                        |                                    | L                              |  |  |