



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE,  
SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2006 and 12-31-2006 below. Fiscal year filers enter appropriate dates.

Tax year beginning (month-day-year) ▶

MMDDYYYY

Tax year ending (month-day-year) ▶

MMDDYYYY

**Form 2G Grantor's/Owner's Share of a Grantor-Type Trust 2006**

NAME OF GRANTOR/BENEFICIARY \_\_\_\_\_ GRANTOR/OWNER'S IDENTIFICATION NUMBER \_\_\_\_\_

LEGAL DOMICILE \_\_\_\_\_

MAILING ADDRESS OF GRANTOR/BENEFICIARY \_\_\_\_\_ CITY/TOWN/POST OFFICE \_\_\_\_\_ STATE ZIP + 4 \_\_\_\_\_

NAME OF FIDUCIARY \_\_\_\_\_ ENTITY'S IDENTIFICATION NUMBER \_\_\_\_\_

TITLE OF FIDUCIARY \_\_\_\_\_

NAME OF ENTITY \_\_\_\_\_

C/O \_\_\_\_\_

MAILING ADDRESS OF FIDUCIARY \_\_\_\_\_ CITY/TOWN/POST OFFICE \_\_\_\_\_ STATE ZIP + 4 \_\_\_\_\_

Ovals must be filled in completely. Example:

Fill in applicable ovals:  Grantor-type trust  Pooled income fund  Charitable remainder annuity trust

Charitable remainder unitrust  Amended

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

<b>1</b>	Dividends .....	▶ 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>
<b>2</b>	Interest from corporate bonds or notes .....	▶ 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>
<b>3</b>	Non-Massachusetts state and municipal bond interest .....	▶ 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>
<b>4</b>	Other interest income (including Massachusetts bank interest-see line 15) .....	▶ 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>
<b>5</b>	Interest from U.S. obligations .....	▶ 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>
<b>6</b>	Short-term capital gains .....	▶ 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>
<b>7</b>	Short-term capital losses .....	▶ 7	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>
<b>8</b>	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less .....	▶ 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>
<b>9</b>	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less .....	▶ 9	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>
<b>10</b>	Long-term capital gains or losses .....	▶ 10	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>00</b>

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Signature of fiduciary _____	Date ____/____/____	Print paid preparer's name _____	Preparer's SSN or PTIN _____	<input type="text"/>
Title _____		Paid preparer's phone (____) _____	Paid preparer's EIN _____	<input type="text"/>
May DOR discuss this return with the preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Paid preparer's signature _____	Date ____/____/____	<input type="checkbox"/> Fill in if self-employed

Mail to: Massachusetts Department of Revenue, PO Box 7017, Boston, MA 02204.

