PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2009 and 12-31-2009 below. Fiscal year filers enter appropriate dates.

Tax year beginning (month–day–year) ► M M D D Y Y Y Y Tax year ending (month–day–year) ► M M D D Y Y Y Y

Form 2G Grantor's/Owner's Share of a Grantor-Type Trust 2009

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

1	Dividends	►1	0 0
2	Interest from corporate bonds or notes	►2	0 0
3	Non-Massachusetts state and municipal bond interest	►3	0 0
4	Other interest income (including Massachusetts bank interest-see line 15)	►4	0 0
5	Interest from U.S. obligations	►5	0 0
6	Short-term capital gains	►6	0 0
7	Short-term capital losses	►7	X 0 0
8	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	►8	0 0
9	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	►9	X 0 0
10	Long-term capital gains or losses	►10	X 0 0

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
Title		Paid preparer's phone ( )	Paid preparer's EIN
May DOR discuss this return with the preparer? ► Yes ○		Paid preparer's signature	Date / / ○ Fill in if self-employed

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

NAME OF GRANTOR/BENEFICIARY

GRANTOR/OWNER'S IDENTIFICATION NUMBER

11	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10	► 11	.00
12	Long-term gains on collectibles and pre-1996 installment sales	► 12	.00
13	Short-term capital gain or loss differences. Enclose statement	► 13	.00
14	Long-term capital gain or loss differences. Enclose statement	► 14	.00
15	Massachusetts bank interest	► 15	.00
16	Net rental and royalty income or loss	► 16	.00
17	Business/profession or farm income or loss	► 17	.00
18	Partnership or S corporation income or loss	► 18	.00
19	Other income. Enclose statement	► 19	.00
20	Short-term carryover losses	► 20	.00
21	Other adjustments. Enclose statement	► 21	.00
22	Massachusetts income tax paid by trustee. Grantor or beneficiary enter this amount on Form 1, line 36 or Form 1-NR/PY, line 41	► 22	.00