



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2012 and 12-31-2012 below. Fiscal year filers enter appropriate dates.

Tax year beginning > [MMDDYYYY] Tax year ending > [MMDDYYYY]

Form 2G Grantor's/Owner's Share of a Grantor-Type Trust 2012

NAME OF GRANTOR/BENEFICIARY, LEGAL DOMICILE, MAILING ADDRESS OF GRANTOR/BENEFICIARY, CITY/TOWN/POST OFFICE, STATE, ZIP + 4, GRANTOR'S/OWNER'S IDENTIFICATION NUMBER, NAME OF FIDUCIARY, TITLE OF FIDUCIARY, NAME OF ENTITY, C/O, MAILING ADDRESS OF FIDUCIARY, CITY/TOWN/POST OFFICE, STATE, ZIP + 4

Fill in all that apply: Grantor-type trust, Amended, Pooled income fund, Charitable remainder unitrust, Charitable remainder annuity trust, Other

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

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, Date, Paid preparer's phone, Paid preparer's EIN, May DOR discuss this return with the preparer?, Paid preparer's signature, Date, Fill in if self-employed

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

