

Calendar year filers enter 01-01-2013 and 12-31-2013 below. Fiscal year filers enter appropriate dates.

Tax year beginning ►

Tax year ending ►

Form 2G Grantor's/Owner's Share of a Grantor-Type Trust **2013**

NAME OF GRANTOR/BENEFICIARY

LEGAL DOMICILE

MAILING ADDRESS OF GRANTOR/BENEFICIARY

CITY/TOWN/POST OFFICE

STATE ZIP + 4

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

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

[illegible]

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?

▶ ☒ 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'S/OWNER'S IDENTIFICATION NUMBER

[illegible]