

PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

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

Tax year beginning ► Tax year ending ▶ Grantor's/Owner's Share of a Grantor-Type Trust NAME OF GRANTOR/BENEFICIARY LEGAL DOMICILE MAILING ADDRESS OF GRANTOR/BENEFICIARY CITY/TOWN/POST OFFICE STATE ZIP + 4ENTITY'S IDENTIFICATION NUMBER NAME OF FIDUCIARY TITLE OF FIDUCIARY NAME OF ENTITY MAILING ADDRESS OF FIDUCIARY CITY/TOWN/POST OFFICE STATE ZIP + 4 Fill in all that apply: ► Grantor-type trust Pooled income fund Charitable remainder annuity trust Charitable remainder unitrust Other_ ▼ If showing a loss, mark an X in box at left 0 0 2 3 Other interest income (including Massachusetts bank interest; see line 15). ▶ 4 0 00 Gain on the sale, exchange or involuntary conversion of property used in a trade or business and Loss on the sale, exchange or involuntary conversion of property used in a trade or business 00 00 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 Preparer's SSN Date Print paid preparer's name or PTIN Date Paid preparer's phone Paid preparer's EIN Fill in if self-employed May DOR discuss this return with the preparer? Paid preparer's signature

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



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GRANTOR'S/OWNER'S IDENTIFICATION NUMBER NAME OF GRANTOR/BENEFICIARY Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included 0 0 in line 10......▶ 11 0 0 12 Long-term gains on collectibles and pre-1996 installment sales. ▶ 12 00 13 0 0 Long-term capital gain or loss differences. Enclose statement ▶ 14 0 0 15 0 0 16 0 0 Business/profession or farm income or loss..... ▶ 17 17 0 0 18 Partnership or S corporation income or loss..... ▶ 18 0 19 Other income. Enclose statement ▶ 19 0 0 20 Short-term carryover losses. ▶ 20 0 0 21 Other adjustments. Enclose statement. ≥ 21 Massachusetts income tax paid by trustee. Grantor or beneficiary enter this amount on Form 1. 22 0 0