

Calendar year filers enter 01-01-2014 and 12-31-2014 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 2014

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  
FIN 

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]