PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2016 and 12-31-2016 below. Fiscal year filers enter appropriate dates.

Tax year beginning ► M M D D Y Y Y Y Tax year ending ► M M D D Y Y Y Y

Form 2G Grantor's/Owner's Share of a Grantor-Type Trust 2016

NAME OF GRANTOR/BENEFICIARY

GRANTOR'S/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

Fill in type of identification number:
► ◯ Federal ID number
► ◯ Social Security/ITIN

NAME OF ENTITY

C/O

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
► ◯ Amended return (see instr.) ► ◯ Amended return due to federal change ► ◯ Charitable remainder unitrust
◯ 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 | 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

11	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10) ► 11	X	0 0
12	Long-term gains on collectibles and pre-1996 installment sales ► 12		0 0
13	Short-term capital gain or loss differences. Enclose statement ► 13	X	0 0
14	Long-term capital gain or loss differences. Enclose statement ► 14	X	0 0
15	Massachusetts bank interest ► 15		0 0
16	Net rental and royalty income or loss ► 16	X	0 0
17	Business/profession or farm income or loss ► 17	X	0 0
18	Partnership or S corporation income or loss ► 18	X	0 0
19	Other income. Enclose statement ► 19		0 0
20	Short-term carryover losses ► 20	X	0 0
21	Other adjustments. Enclose statement ► 21	X	0 0
22	Massachusetts income tax withheld (enclose all Massachusetts Forms W-2, W-2G, 1099-G or 1099R, if applicable) ► 22		0 0
23	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding (see instructions) ► 23		0 0
24	Massachusetts income tax paid by trustee. Add lines 22 and 23. If grantor or beneficiary enter this amount on Form 1, line 36 or Form 1-NR/PY, line 41 ► 24		0 0