2017 Form 2
XXXXXXXXXXXXX
Massachusetts Fiduciary Income Tax Return

Year beginning XXXXXXXX Ending XXXXXXXX

AREA RESERVED FOR 2-D BARCODE

NAMEOFESTATEORTRUSTXXXXXXXXXXXXXXXXX ESTTRIDNOXX
NAMEOFFIDUCIARYXXXXXXXXXXXXXXXXXXXXX
TITLEOFFIDUCIARYXXXXXXXXXXXXXXXXXXXX
MAILINGADDRESSOFFIDUCIAR CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
INCAREOFXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXX

Company account number XXXXXXXXXXX Date entity created XXXXXXXX

Select applicable items: X Initial return X Final return X Resident estate or trust X Nonresident estate or trust
X Nonresident beneficiaries listed on return X Decedent's estate X Simple trust X Complex trust
X Guardianship/conservatorship X Trustee in bankruptcy X Qualified funeral trust X Qualified Settlement Fund X Change in fiduciary
X Change in fiduciary's name X Change in fiduciary's address X Change in trust's name X Filing Schedule TDS
Fill in if: X Amended return X Amended return due to federal change X You are a member of a lower-tier entity

Part B Income

1.	Wages, salaries, tips and other employee compensation	1	XXXXXXXXXXXX
2.	Taxable pensions and annuities	2	XXXXXXXXXXXX
3.	Business/profession or farm income or loss	3	–XXXXXXXXXXXX
4.	Rental, royalty and REMIC income or loss	4	–XXXXXXXXXXXX
5.	Total Part B 5.1% interest from Massachusetts banks	5	XXXXXXXXXXXX
6.	Other Part B 5.1% income	6	–XXXXXXXXXXXX
7.	Total Part B 5.1% income. Add lines 1 through 6	7	–XXXXXXXXXXXX
8.	Deductions allowed decedents	8	XXXXXXXXXXXX
9.	Total Part B 5.1% income less deductions allowed decedents. Subtract line 8 from line 7	9	–XXXXXXXXXXXX
10.	Income distribution deduction	10	XXXXXXXXXXXX

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 XXXXXXXX
Print paid preparer's name
Paid preparer's SSN or PTIN XXXXXXXXXXX

Title
Paid preparer's phone
Paid preparer's EIN XXXXXXXXXXX

May the Department of Revenue discuss this return with the preparer shown here? X Yes

Paid preparer's signature
Date XXXXXXXX
Check if self-employed X

Name of designated tax matters partner
XXXXXXXXXXXXXXXXXX

Identifying number of tax matters partner
XXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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11.	Part B 5.1% income taxable to fiduciary. Subtract line 10 from line 9. Not less than "0"	**11**	XXXXXXXXXXXX
12.	Nonresident/charitable deduction. Not less than "0."	**12**	XXXXXXXXXXXX
13.	Net Part B 5.1% income taxable to fiduciary. Subtract line 12 from line 11. Not less than "0"	**13**	XXXXXXXXXXXX

Part A Interest and Dividend Income

14.	Part A 5.1% interest and dividend income	**14**	XXXXXXXXXXXX
15.	Part A 5.1% common trust fund interest and dividend income	**15**	XXXXXXXXXXXX
16.	Total Part A 5.1% interest and dividend income. Add lines 14 and 15	**16**	XXXXXXXXXXXX
17.	Income distribution deduction	**17**	XXXXXXXXXXXX
18.	Part A 5.1% interest and dividend income taxable to fiduciary. Subtract line 17 from line 16. Not less than "0"	**18**	XXXXXXXXXXXX
19.	Nonresident/charitable deduction. Not less than "0."	**19**	XXXXXXXXXXXX
20.	Net Part A 5.1% interest and dividend income taxable to fiduciary. Subtract line 19 from line 18. Not less than "0"	**20**	XXXXXXXXXXXX
21.	Net Part A and Part B 5.1% income taxable to fiduciary. Add lines 13 and 20	**21**	XXXXXXXXXXXX
22.	Tax	**22**	XXXXXXXXXXXX

Part A 12% Capital Gains

23.	Taxable Part A 12% capital gains. Not less than "0"	**23**	XXXXXXXXXXXX
24.	Part A 12% short-term common trust fund capital gains	**24**	XXXXXXXXXXXX
25.	Total Part A 12% capital gains. Add lines 23 and 24	**25**	XXXXXXXXXXXX
26.	Income distribution deduction	**26**	XXXXXXXXXXXX
27.	Part A 12% capital gains taxable to fiduciary. Subtract line 26 from line 25. Not less than "0"	**27**	XXXXXXXXXXXX
28.	Nonresident/charitable deduction. Not less than "0"	**28**	XXXXXXXXXXXX
29.	Net Part A 12% capital gain income taxable to fiduciary. Subtract line 28 from line 27. Not less than "0"	**29**	XXXXXXXXXXXX
30.	12% tax	**30**	XXXXXXXXXXXX

Part C 5.1% Capital Gains

31.	Part C 5.1% long-term capital gains Not less than "0." If filing Schedule D-IS, Installment Sales, fill in X	**31**	XXXXXXXXXXXX
32.	Part C 5.1% long-term common trust fund capital gains	**32**	XXXXXXXXXXXX
33.	Total Part C 5.1% long-term capital gains. Add lines 31 and 32	**33**	XXXXXXXXXXXX
34.	Income distribution deduction	**34**	XXXXXXXXXXXX
35.	Part C 5.1% long-term capital gains taxable to fiduciary. Subtract line 34 from line 33. Not less than "0"	**35**	XXXXXXXXXXXX
36.	Nonresident/charitable deduction. Not less than "0."	**36**	XXXXXXXXXXXX

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37.	Net Part C 5.1% long-term capital gain income taxable to fiduciary. Subtract line 36 from line 35. Not less than “0”	**37**	XXXXXXXXXXXX
38.	Tax on Part C 5.1% long-term capital gains.	**38**	XXXXXXXXXXXX
39.	Credit recapture (from Credit Recapture Schedule)	**39**	XXXXXXXXXXXX
40.	Additional tax on installment sale	**40**	XXXXXXXXXXXX
41.	Total tax. Add lines 22, 30 and 38 through 40	**41**	XXXXXXXXXXXX
42.	Credit for income taxes due to other jurisdictions (enclose Schedules F and OJC)	**42**	XXXXXXXXXXXX
43.	Other credits (from Credit Manager Schedule)	**43**	XXXXXXXXXXXX
44.	Total credits. Add lines 42 and 43	**44**	XXXXXXXXXXXX
45.	Credits passed through to beneficiaries on Schedules 2K-1	**45**	XXXXXXXXXXXX
46.	Credits remaining with fiduciary. Subtract line 45 from line 44	**46**	XXXXXXXXXXXX
47.	Tax after credits. Subtract line 46 from line 41	**47**	XXXXXXXXXXXX
48.	Massachusetts income tax withheld	**48**	XXXXXXXXXXXX
49.	2016 overpayment applied to your 2017 estimated tax	**49**	XXXXXXXXXXXX
50.	2017 Massachusetts estimated tax payments	**50**	XXXXXXXXXXXX
51.	Payments made with extension	**51**	XXXXXXXXXXXX
52.	Payment with original return	**52**	XXXXXXXXXXXX
53.	Refundable credits (from Credit Manager Schedule)	**53**	XXXXXXXXXXXX
54.	Total tax payments. Add lines 48 through 53	**54**	XXXXXXXXXXXX
55.	Overpayment Subtract line 47 from line 54	**55**	XXXXXXXXXXXX
56.	Amount of overpayment you want applied to your 2018 estimated taxes	**56**	XXXXXXXXXXXX
57.	Amount of your refund. Subtract line 56 from line 55	**57**	XXXXXXXXXXXX
58.	Tax due. Subtract line 54 from line 47. **Pay online at www.mass.gov/dor/payonline.**	**58**	XXXXXXXXXXXX
	Interest XXXXXXXX Penalty XXXXXXXX M-2210F amt. XXXXXXXX X EX enclose Form M-2210F		

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX