

AREA RESERVED
FOR 2-D BARCODE

2017 Form 2G

XXXXXXXXXXXXXX

Grantor's/Owner's Share of a Grantor-Type Trust

Year beginning XXXXXXXX Ending XXXXXXXX

NAMEOFGRANTORBENEFICIARYXXXXXXXXXXXXX GRANTORIDNO
LEGALDOMICILEXXXXXXXXXXXXX
MAILINGADDRESSOFGRANTORX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
NAMEOFFIDUCIARYXXXXXXXXXXXXX
TITLEOFFIDUCIARYXXXXXXXXXXXXX
NAMEOFENTITYXXXXXXXXXXXXX ENTITYIDNOX Select type of ID no X FID X SSN/PTIN
INCAREOFXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MAILINGADDRESSOFFIDUCIAR CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXXX

Select applicable items: X Grantor-type trust X Pooled income fund X Charitable remainder annuity trust
X Charitable remainder unitrust X Amended X Amended return due to federal change X Other

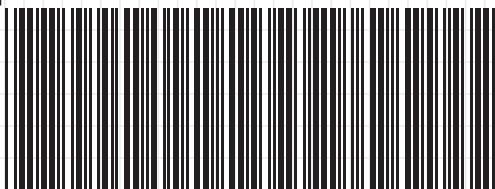
- | | | |
|---|----|-----------------|
| 1. Dividends | 1 | XXXXXXXXXXXXXX |
| 2. Interest from corporate bonds or notes | 2 | XXXXXXXXXXXXXX |
| 3. Non-Massachusetts state and municipal bond interest | 3 | XXXXXXXXXXXXXX |
| 4. Other interest income | 4 | XXXXXXXXXXXXXX |
| 5. Interest from U.S. obligations | 5 | XXXXXXXXXXXXXX |
| 6. Short-term capital gains | 6 | XXXXXXXXXXXXXX |
| 7. Short-term capital losses | 7 | -XXXXXXXXXXXXXX |
| 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 | XXXXXXXXXXXXXX |
| 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 | -XXXXXXXXXXXXXX |
| 10. Long-term capital gains or losses | 10 | -XXXXXXXXXXXXXX |

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 XXXXXXX	Print paid preparer's name	Paid preparer's SSN or PTIN XXXXXXXXXXXX
Title		Paid preparer's phone	Paid preparer's EIN XXXXXXXXXXXX
		Paid preparer's signature	Date XXXXXXX
			Check if self-employed X

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



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XXXXXXXXXXXXXX

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NAMETITLEOFGRANTORBENEFICIARYXXXXXXXX GRANTORIDNO

11.	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II	11	-XXXXXXXXXXXXXX
12.	Long-term gains on collectibles and pre-1996 installment sales	12	XXXXXXXXXXXXXX
13.	Short-term capital gain or loss differences	13	-XXXXXXXXXXXXXX
14.	Long-term capital gain or loss differences	14	-XXXXXXXXXXXXXX
15.	Massachusetts bank interest	15	XXXXXXXXXXXXXX
16.	Net rental and royalty income or loss	16	-XXXXXXXXXXXXXX
17.	Business/profession or farm income or loss	17	-XXXXXXXXXXXXXX
18.	Partnership or S corporation income or loss	18	-XXXXXXXXXXXXXX
19.	Other income	19	XXXXXXXXXXXXXX
20.	Short-term carryover losses	20	-XXXXXXXXXXXXXX
21.	Other adjustments	21	-XXXXXXXXXXXXXX
22.	Massachusetts income tax withheld	22	XXXXXXXXXXXXXX
23.	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding	23	XXXXXXXXXXXXXX
24.	Massachusetts income tax paid by trustee. Add lines 22 and 23. Grantor or beneficiary enter this amount on Form 1, line 37 or Form 1-NR/PY, line 42	24	XXXXXXXXXXXXXX

BE SURE TO SIGN RETURN ON PAGE 1

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XXXXXXXXXXXXXXXXXXXXXXXXXXXX