AREA RESERVED
FOR 2-D BARCODE

2017 Form 2G

XXXXXXXXXXXXX

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

Year beginning XXXXXXXX Ending XXXXXXXX

NAMEOFGRANTORBENEFICIARYXXXXXXXXXXXX GRANTORIDNO
LEGALDOMICILEXXXXXXXXXX
MAILINGADDRESSOFGRANTORX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
NAMEOFFIDUCIARYXXXXXXXXX
TITLEOFFIDUCIARYXXXXXXXX
NAMEOFENTITYXXXXXXXXXXX ENTITYIDNOX Select type of ID no X FID X SSN/PTIN
INCAREOFXXXXXXXXXXXXXXXXXXXXXXXXX
MAILINGADDRESSOFFIDUCIAR CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXX

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

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 XXXXXXXXXX

Title

Paid preparer's phone

Paid preparer's EIN XXXXXXXXXX

Paid preparer's signature

Date XXXXXXXX

Check if self-employed X

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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XXXXXXXXXXXXX

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

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NAMETITLEOFGRANTORBENEFICIARYXXXXXXX GRANTORIDNO

11.	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II	**11**	–XXXXXXXXXXX
12.	Long-term gains on collectibles and pre-1996 installment sales	**12**	XXXXXXXXXXX
13.	Short-term capital gain or loss differences	**13**	–XXXXXXXXXXX
14.	Long-term capital gain or loss differences	**14**	–XXXXXXXXXXX
15.	Massachusetts bank interest	**15**	XXXXXXXXXXX
16.	Net rental and royalty income or loss	**16**	–XXXXXXXXXXX
17.	Business/profession or farm income or loss	**17**	–XXXXXXXXXXX
18.	Partnership or S corporation income or loss	**18**	–XXXXXXXXXXX
19.	Other income	**19**	XXXXXXXXXXX
20.	Short-term carryover losses	**20**	–XXXXXXXXXXX
21.	Other adjustments	**21**	–XXXXXXXXXXX
22.	Massachusetts income tax withheld	**22**	XXXXXXXXXXX
23.	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding	**23**	XXXXXXXXXXX
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**	XXXXXXXXXXX

BE SURE TO SIGN RETURN ON PAGE 1

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX