TEST #1

PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2017 and 12-31-2017 below. Fiscal year filers enter appropriate dates.

Tax year beginning 01012017 Tax year ending 12312017

Form 2G Grantor's/Owner's Share of a Grantor-Type Trust 2017

NAME OF GRANTOR/BENEFICIARY: RICHARD GILMORE

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER: 470000961

LEGAL DOMICILE: MASSACHUSETTS

MAILING ADDRESS OF GRANTOR/BENEFICIARY: 100 CAMBRIDGE ST

CITY/TOWN/POST OFFICE: BOSTON

STATE: MA ZIP + 4: 02114

NAME OF FIDUCIARY: RICHARD GILMORE

ENTITY'S IDENTIFICATION NUMBER: 470000961

TITLE OF FIDUCIARY: TRUSTEE

Fill in type of identification number:
- ○ Federal ID number
- ● Social Security/ITIN

NAME OF ENTITY: RICHARD GILMORE REALTY TRUST

C/O: GIL GILMORE

MAILING ADDRESS OF FIDUCIARY: 100 CAMBRIDGE ST

CITY/TOWN/POST OFFICE: BOSTON

STATE: MA ZIP + 4: 021141023

Fill in all that apply:
- ● Grantor-type trust
- ○ Amended return (see instr.)
- ○ Pooled income fund
- ○ Amended return due to federal change
- ○ Charitable remainder annuity trust
- ○ Charitable remainder unitrust
- ○ Other _____

▼ If showing a loss, mark an X in box at left

1	Dividends 1		5000 00
2	Interest from corporate bonds or notes 2		6000 00
3	Non-Massachusetts state and municipal bond interest 3		7000 00
4	Other interest income (including Massachusetts bank interest; see line 15) 4		8000 00
5	Interest from U.S. obligations 5		9000 00
6	Short-term capital gains 6		10006 00
7	Short-term capital losses 7	X	11060 00
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		12000 00
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	13000 00
10	Long-term capital gains or losses 10	X	14060 00

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: RG Date: 1/3/2018 Print paid preparer's name: KIM Preparer's SSN or PTIN: 013 204 777

Title: CFO Date: / / Paid preparer's phone: (616) 210-0000 Paid preparer's EIN:

May DOR discuss this return with the preparer? ● Yes Paid preparer's signature: KM Date: 01/03/2018 ● Fill in if self-employed

Mail to: **Massachusetts Department of Revenue, PO Box 7017, Boston, MA 02204.**

NAME OF GRANTOR/BENEFICIARY

RICHARD GILMORE

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER

470000961

11	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10)	11	X 150000 00
12	Long-term gains on collectibles and pre-1996 installment sales	12	160000 00
13	Short-term capital gain or loss differences. Enclose statement	13	X 170000 00
14	Long-term capital gain or loss differences. Enclose statement	14	X 180000 00
15	Massachusetts bank interest	15	190000 00
16	Net rental and royalty income or loss	16	X 200000 00
17	Business/profession or farm income or loss	17	X 210000 00
18	Partnership or S corporation income or loss	18	X 220000 00
19	Other income. Enclose statement	19	230000 00
20	Short-term carryover losses	20	X 240000 00
21	Other adjustments. Enclose statement	21	X 250000 00
22	Massachusetts income tax withheld (enclose all Massachusetts Forms W-2, W-2G, 1099-G or 1099R, if applicable)	22	260000 00
23	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding (see instructions)	23	270000 00
24	Massachusetts income tax paid by trustee. Add lines 22 and 23. If grantor or beneficiary enter this amount on Form 1, line 37 or Form 1-NR/PY, line 41	24	530000 00

DRAFT AS OF NOVEMBER 1, 20
SUBJECT TO CHANGE