

Massachusetts Department of Revenue

2020

Form 2 Fiduciary Income Tax Return Tax year beginning Tax year ending Calendar year filers enter 01-01-2020 and 12-31-2020 below; fiscal year filers enter appropriate dates NAME OF ESTATE OR TRUST ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER NAME OF FIDUCIARY TITLE OF FIDUCIARY MAILING ADDRESS OF FIDUCIARY CITY/TOWN/POST OFFICE STATE 7IP + 4 C/0 Company account number Date entity created Fill in all that apply: Qualified settlement fund Trustee in bankruptcy Decedent's estate Complex trust Simple trust Qualified funeral trust Guardianship/conservatorship Change in trust's name Change in fiduciary Change in fiduciary's name Change in fiduciary's address Nonresident beneficiaries listed on return Resident estate or trust Filing Schedule TDS (see instructions) Enclosing Schedule FCI Initial return Final return Nonresident estate or trust Fill in if: Amended return (see instructions) Amended return due to federal change Member of a lower-tier entity PART B INCOME 0 0 0 0 ▼ IE A LOSS MARK AN Y IN ROY 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 PRINT PAID PREPARER'S NAME PAID PREPARER'S SSN OR PTIN DATE TITLE DATE PAID PREPARER'S PHONE PAID PREPARER'S EIN MAY DOR DISCUSS THIS RETURN WITH THE PREPARER? PAID PREPARER'S SIGNATURE DATE IS PAID PREPARER SELF-EMPLOYED? Yes Yes

IDENTIFYING NUMBER OF TAX MATTERS PARTNER

NAME OF DESIGNATED TAX MATTERS PARTNER



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| NAME | OF ESTATE OR TRUST | ESTATE OR | TRUST EMPL | OYER IDENTIFICATI | ION NUN | /IBER |
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| | | | | | | |
| | | | | | 0 | n |
| 11 | Part B 5.0% income taxable to fiduciary. Subtract line 10 from line 9. Not less than 0 | | | | | |
| 12 | Nonresident/charitable deduction. Not less than 0. See instructions | | | | 0 | |
| 13 | Net Part B 5.0% income taxable to fiduciary. Subtract line 12 from line 11. Not less than 0 | | | | 0 | U |
| 14 | PART A INTEREST AND DIVIDEND INCOME Part A 5.0% interest and dividend income (from Form 2, Schedule B, line 39). Enclose Schedule B | | | | 0 | 0 |
| 15 | Part A 5.0% common trust fund interest and dividend income | | | | 0 | 0 |
| 16 | Total Part A 5.0% interest and dividend income. Add lines 14 and 15 | | | | 0 | 0 |
| 17 | Interest distribution deduction (from Schedule IDD, line 10). Enclose Schedules IDD and 2K-1 | | | | 0 | 0 |
| 18 | Part A 5.0% interest and dividend income taxable to fiduciary. Subtract line 17 from line 16. Not less than 0 | | | | 0 | 0 |
| 19 | Nonresident/charitable deduction. Not less than 0. See instructions | | | | 0 | 0 |
| 20 | Net Part A 5.0% interest and dividend income taxable to fiduciary. Subtract line 19 from line 18. Not less than 0 20 | | | | 0 | 0 |
| 21 | Net Part A and Part B 5.0% income taxable to fiduciary. add lines 13 and 20 | | | | 0 | 0 |
| 22 | Tax from table. If line 21 is more than \$24,000, multiply amount by .05 | | | | 0 | 0 |
| | PART A 12% CAPITAL GAINS | | | | | |
| 23 | Taxable Part A 12% capital gains (from Form 2, Schedule B, line 40). Enclose Schedule B. Not less than 0 23 | | | | 0 | |
| 24 | Part A 12% short-term common trust fund capital gains | | | | 0 | 0 |
| 25 | Total Part A 12% capital gains. Add lines 23 and 24 | | | | 0 | 0 |
| 26 | Income distribution deduction (from Schedule IDD, line 15). Enclose Schedules IDD and 2K-1 | | | | 0 | 0 |
| 27 | Part A 12% capital gains taxable to fiduciary. Subtract line 26 from line 25. Not less than 0 | | | | 0 | 0 |
| 28 | Nonresident/charitable deduction. Not less than 0. See instructions | | | | 0 | 0 |
| 29 | Net Part A 12% capital gain income taxable to fiduciary. Subtract line 28 from line 27. Not less than 0 | | | | 0 | 0 |
| 30 | 12% tax. Multiply line 29 by .12 | | | | 0 | 0 |
| | PART C 5.0% CAPITAL GAINS | | | | | |
| 31 | Part C 5.0% long-term capital gains (from Form 2, Schedule D, line 18). Enclose Schedule D. Not less than 0. If filing Schedule D-IS, Installment Sales, fill in oval and enclose Schedule D-IS | | | | 0 | 0 |
| 32 | Part C 5.0% long-term common trust fund capital gains | | | | 0 | 0 |
| 33 | Total Part C 5.0% long-term capital gains. Add lines 31 and 32 | | | | 0 | 0 |
| 34 | Income distribution deduction (from Schedule IDD, line 20). Enclose Schedules IDD and 2K-1 | | | | 0 | 0 |
| 35 | Part C 5.0% long-term capital gains taxable to fiduciary. Subtract line 34 from line 33. Not less than 0 | | | | 0 | 0 |
| 36 | Nonresident/charitable deduction. Not less than 0. See instructions | | | | 0 | 0 |



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| | | | | | | | | |
| 27 | | | | | | | 0 | 0 |
| | Net Part C 5.0% long-term capital gain income taxable to fiduciary. Subtract line 36 from line 35. Not less than 0 37 | | | | | | A - | 0 |
| | Tax on Part C 5.0% long-term capital gains. Multiply line 37 by .05 | | | | | | | 0 |
| 39 | Credit recapture (from Schedule CRS) | | | | | | | |
| 40 | Additional tax on installment sale | | | | | | | 0 |
| 41 | Total tax. Add lines 22, 30, 38, 39 and 40 | | | | | | | 0 |
| 42 | Credit for income taxes due to other jurisdictions (enclose Schedule OJC) | L | | | | | | 0 |
| 43 | Other credits (from Schedule CMS) | | | | | | | 0 |
| 44 | Total credits. Add lines 42 and 43 | | | | | | O | 0 |
| 45 | Credits passed through to beneficiaries on Schedule 2K-1 | L | | | | | 0 | 0 |
| 46 | Credits remaining with fiduciary. Subtract line 45 from line 44 | | | | | | 0 | 0 |
| 47 | Tax after credits. Subtract line 46 from line 41 | L | | | | | 0 | 0 |
| 48 | AMENDED RETURN ONLY. Overpayment from original return. Not less than 0. See instructions | | | | | | 0 | 0 |
| 49 | Tax after credits and overpayment from original return. Add lines 47 and 48 | | | | | | 0 | 0 |
| 50 | Massachusetts income tax withheld (enclose all Massachusetts W-2, W-2G, 1099-G and 1099-R forms) | | | | | | 0 | 0 |
| 51 | 2019 overpayment applied to your 2020 estimated tax | | | | | | 0 | 0 |
| 52 | 2020 Massachusetts estimated tax payments (do not include the amount in line 51) | | | | | | 0 | 0 |
| 5 3 | Payments made with extension | | | | | | 0 | 0 |
| 54 | AMENDED RETURN ONLY. Payment with original return. See instructions | | | | | | 0 | 0 |
| 55 | Refundable credits (from Schedule CMS) | | | | | | 0 | 0 |
| 56 | Total tax payments. Add lines 50 through 55 | | | | | | 0 | 0 |
| 57 | Overpayment. If line 49 is smaller than line 56, subtract line 49 from line 56. Enter the result in line 57. | | | | | | n | 0 |
| | If line 49 is larger than line 56, go to line 60 | | | | | | | 0 |
| | Amount of overpayment you want applied to your 2021 estimated taxes | | | | | | | 0 |
| | THIS IS YOUR REFUND. Subtract line 58 from line 57 | | | | | | A - | ÷ |
| 60 | TAX DUE. Subtract line 56 from line 49. Pay in full online at mass.gov/masstaxconnect | | ock and | ho c | ure to | eian | ŢŪ | 0 |
| | check. Mail to: Massachusetts DOR, PO Box 7018, Boston, MA 02204. | OII OI GII | oon allu | nc 9 | ui G lU | , siyii | | |
| | These amounts will affect your refund or tax due: | | | | | | | |
| | Interest OO Penalty OO M-2210F amount | | 0 0 | | | | | |
| | Exception. Enclose Forn | M-221 | JF. | | | | | |