



Massachusetts Department of Revenue

2020

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

Calendar year filers enter 01-01-2020 and 12-31-2020 below; fiscal year filers enter appropriate dates
Tax year beginning [MMDDYYYY] Tax year ending [MMDDYYYY]

NAME OF GRANTOR/BENEFICIARY [grid] GRANTOR'S/OWNER'S IDENTIFICATION NUMBER [grid]

LEGAL DOMICILE OF GRANTOR/BENEFICIARY [grid]

MAILING ADDRESS OF GRANTOR/BENEFICIARY [grid] CITY/TOWN/POST OFFICE [grid] STATE [grid] ZIP + 4 [grid]

NAME OF FIDUCIARY [grid]

TITLE OF FIDUCIARY [grid]

NAME OF ENTITY [grid] ENTITY'S IDENTIFICATION NUMBER [grid]

C/O [grid] FILL IN TYPE OF IDENTIFICATION NUMBER: Federal ID number Social Security/ITIN

MAILING ADDRESS OF FIDUCIARY [grid] CITY/TOWN/POST OFFICE [grid] STATE [grid] ZIP + 4 [grid]

Company account number [grid] Date entity created [MMDDYYYY]

- Fill in all that apply: Grantor-type trust, Amended return (see instructions), Filing Schedule TDS, Final 2G return (see instructions), Pooled income fund, Amended return due to federal change, Other, Charitable remainder annuity trust, Charitable remainder unitrust

Table with 7 rows of interest/loss categories and columns for amounts and a loss indicator. Row 7 has a checked box for loss.

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, PRINT PAID PREPARER'S NAME, PAID PREPARER'S SSN OR PTIN, 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?



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NAME OF GRANTOR/BENEFICIARY

Redacted name field

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER

Redacted ID number field

NAME OF ENTITY

Redacted entity name field

ENTITY'S IDENTIFICATION NUMBER

Redacted ID number field

<b>8</b> Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less . . . . .	8		0	0
<b>9</b> Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less. . . . .	9	<input checked="" type="checkbox"/>	0	0
<b>10</b> Long-term capital gains or losses . . . . .	10		0	0
<b>11</b> Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10) . . . . .	11	<input checked="" type="checkbox"/>	0	0
<b>12</b> Long-term gains on collectibles and pre-1996 installment sales . . . . .	12		0	0
<b>13</b> Short-term capital gain or loss differences. Enclose statement . . . . .	13	<input checked="" type="checkbox"/>	0	0
<b>14</b> Long-term capital gain or loss differences. Enclose statement . . . . .	14	<input checked="" type="checkbox"/>	0	0
<b>15</b> Massachusetts bank interest . . . . .	15		0	0
<b>16</b> Net rental and royalty income or loss. . . . .	16	<input checked="" type="checkbox"/>	0	0
<b>17</b> Business/profession or farm income or loss . . . . .	17	<input checked="" type="checkbox"/>	0	0
<b>18</b> Partnership or S corporation income or loss . . . . .	18	<input checked="" type="checkbox"/>	0	0
<b>19</b> Other income. Enclose statement . . . . .	19		0	0
<b>20</b> Short-term carryover losses . . . . .	20	<input checked="" type="checkbox"/>	0	0
<b>21</b> Other adjustments. Enclose statement . . . . .	21	<input checked="" type="checkbox"/>	0	0
<b>22</b> Massachusetts income tax withheld. Be sure to enclose any forms or schedules (W-2, W-2G, 1099-G, 1099R, 3K-1 or SK-1) that show Massachusetts withholding . . . . .	22		0	0
<b>23</b> Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding (see instructions) . . . . .	23		0	0
<b>24</b> Massachusetts income tax paid by trustee. Add lines 22 and 23. If grantor or beneficiary enter this amount on Form 1, line 38 or Form 1-NR/PY, line 42 . . . . .	24		0	0