



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

Calendar year filers enter 01-01-2021 and 12-31-2021 below; fiscal year filers enter appropriate dates

Tax year beginning [MMDDYYYY] Tax year ending [MMDDYYYY]

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

LEGAL DOMICILE OF GRANTOR/BENEFICIARY []

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

NAME OF FIDUCIARY []

TITLE OF FIDUCIARY []

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

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

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

Company account number [] Date entity created [MMDDYYYY]

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

Table with 7 rows of income/loss categories (Dividends, Interest from corporate bonds, etc.) and columns for amount and loss marking.

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?

