

Massachusetts Department of Revenue

2021

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

	lax year begilli	IIIIg		iax yea	enunng			
Calendar year filers enter 01–01–2021 and 12–31–2021 below; fiscal year filers enter appropria	te dates MMDDD							
NAME OF GRANTOR/BENEFICIARY			GRANTOR'S/OWNER'S IDENTIFICATION NUMBER					
LEGAL DOMICILE OF GRANTOR/BENEFICIARY								
MAILING ADDRESS OF GRANTOR/BENEFICIARY CITY/TOWN/POST OF	FICE	STATE ZIP	+ 4					
NAME OF FIDUCIARY								
TITLE OF FIDUCIARY								
NAME OF ENTITY			ENTITY'S	IDENTIFIC <i>A</i>	TION NUME	ER		
C/O					ntification O numbe			
					curity/IT			
MAILING ADDRESS OF FIDUCIARY CITY/TOWN/POST OF	FICE	STATE ZIP	+ 4					
Company account number Date entity created								
Fill in all that apply: Grantor-type trust Pooled income fund			Charital	ole rema	nder an	nuity trus	st	
Amended return (see instructions) Federal amendment Filing Schedule TDS Amended return due to	Federal amendment Amended return due to IRS BBA Partnership Audit			Charitable remainder unitrust Other				
Final 2G return (see instructions)	THO DUAL ARTHOGRAP AG			RK AN X IN	30X			
1 Dividends		1					0	0
2 Interest from corporate bonds or notes.		2					0	0
3 Non-Massachusetts state and municipal bond interest		3					0	0
· ·							0	0
4 Other interest income (including Massachusetts bank interest; see line 15)							0	
5 Interest from U.S. obligations.							0	
6 Short-term capital gains		6						
7 Short-term capital losses		7					0	0
SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge an	d belief this return an	d enclosu	es are	true, c	orrect a	and com	plete	€.
SIGNATURE OF FIDUCIARY DATE PRINT PAID P				PAID PREPARER'S SSN OR PTIN				
TITLE DATE PAID PREPAR	ER'S PHONE			P	AID PREPAR	ER'S EIN		_
MAY DOR DISCUSS THIS RETURN WITH THE PREPARER? PAID PREPARER'S SIGNATURE		DATI		IG	PAID PRED	ARER SELF-E	MPI ∩\	VED2
Yes			/ /		Yes	LIT OLLI T	LIVII LU	20!
MAIL TO MACCACHIECTTO DEDATMENT OF DEVENUE DO DOV 2017 DOCTON MA 02204								



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NAME OF GRANTOR/BENEFICIARY			GRANTOR'S/OWNER'S IDENTIFICATION NUMBER				
NAME	OF ENTITY		ENTITY'S IDENTIFICATION NUMB	ER			
_							
8	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less			0 0			
a	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one						
3	year or less	9					
10	Long-term capital gains or losses	10		0 0			
11	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10)	. 11		00			
12	Long-term gains on collectibles and pre-1996 installment sales	12		0 0			
	Short-term capital gain or loss differences. Enclose statement			0 0			
	Long-term capital gain or loss differences. Enclose statement			0 0			
	Massachusetts bank interest			0 0			
				00			
16	Net rental and royalty income or loss	. 16					
17	Business/profession or farm income or loss	. 17		00			
18	Partnership or S corporation income or loss	. 18		00			
19	Other income. Enclose statement	19		0 0			
20	Short-term carryover losses.	. 20		0 0			
21	Other adjustments. Enclose statement	. 21		0 0			
22	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					
23	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding (see instructions)	23					
24	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		00			