

## 2022

## Massachusetts Department of Revenue Form 2G Grantor/Owner's Share of a Grantor-Type Trust

Calendar year filers enter 01–01–2022 and 12–31–2022 below; fisc	cal year filers enter appropriate date	es MIMID D Y Y				
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 MM					
Fill in all that apply: Grantor-type trust	Other	— Federal	amendment			
Charitable remainder annuity trust Charitable remainder unitrust			d return due to IRS BBA Partnership Audit			
Pooled income fund	Amended return (see mistract	,	chedule TDS FA LOSS, MARK AN X IN BOX			
<b>1</b> Dividends		1				
2 Interest from corporate bonds or notes		2				
<b>3</b> Non-Massachusetts state and municipal bond interest						
· ·						
4 Other interest income (including Massachusetts bank interest;						
5 Interest from U.S. obligations.						
<b>6</b> Short-term capital gains		6				
<b>7</b> Short-term capital losses		7				
DECLARATION. Under penalties of perjury, I declare that to t	he best of my knowledge and b	elief this return and encl	osures are true, correct and complete.			
SIGNATURE OF FIDUCIARY	DATE PRINT PAID PREPARER	R'S NAME	PAID PREPARER'S SSN OR PTIN			
TITLE	DATE PAID PREPARER'S PHO	DNE	PAID PREPARER'S EIN			
MAY DOR DISCUSS THIS RETURN WITH THE PREPARER?	PAID PREPARER'S SIGNATURE	n	ATE IS PAID PREPARER SELF-EMPLOYED?			



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NAME OF GRANTOR/BENEFICIARY			GRANTOR'S/OWNER'S IDENTIFICATION NUMBER				
NAME	OF ENTITY			ENTITY'S IDENTII	FICATION NUMBER		
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				0
9	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one					n	0
	year or less						0
10	Long-term capital gains or losses	10					
11	$Mass a chusetts\ long-term\ capital\ gain\ or\ loss\ included\ in\ U.S.\ Form\ 4797,\ Part\ II\ (not\ included\ in\ line\ 10)\ldots.$	11					0
12	Long-term gains on collectibles and pre-1996 installment sales	1	2			\  \  0	0
13	Short-term capital gain or loss differences. Enclose statement	13					0
14	Long-term capital gain or loss differences. Enclose statement	14				0	0
15	Massachusetts bank interest		5				0
16	Net rental and royalty income or loss	16				0	0
	Business/profession or farm income or loss					0	0
	Partnership or S corporation income or loss					0	0
			0			0	0
	Other income. Enclose statement		9				0
	Short-term carryover losses.						
21	Other adjustments. Enclose statement	21				Į U	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	2	22			Į0	0
23	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding (see instructions)	2	23			O	0
24	Massachusetts income tax paid by trustee. Add lines 22 and 23. If grantor or beneficiary enter this amount on Form 1, line 38c or Form 1-NR/PY, line 42c		24			Į0	0
25	Amount of ch 63D Entity-Level Tax paid by electing entity on behalf of this grantor or beneficiary. (See instructions)	2	25			O	0
	Total paid ID number						