Massachusetts Department of Revenue

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

2023

Tax year beginning M M D D Y Y Y Y Tax year ending M M D D Y Y Y Y

Calendar year filers enter 01–01–2023 and 12–31–2023 below; fiscal year filers enter appropriate dates

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 M M D D Y Y Y Y

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

IF A LOSS, MARK AN X IN BOX

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
4	Other interest income (including Massachusetts bank interest; see line 15)	4	0 0
5	Interest from U.S. obligations	5	0 0
6	Short-term capital gains	6	0 0
7	Short-term capital losses	7	☒ 0 0

DECLARATION. 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? ◯ Yes | PAID PREPARER'S SIGNATURE | DATE / / | IS PAID PREPARER SELF-EMPLOYED? ◯ Yes

MAIL TO **MASSACHUSETTS DEPARTMENT OF REVENUE, PO BOX 7017, BOSTON, MA 02204.**

NAME OF GRANTOR/BENEFICIARY

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER

NAME OF ENTITY

ENTITY'S IDENTIFICATION 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
9	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	9
10	Long-term capital gains or losses	10
11	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10)	11
12	Long-term gains on collectibles and pre-1996 installment sales	12
13	Short-term capital gain or loss differences. Enclose statement	13
14	Long-term capital gain or loss differences. Enclose statement	14
15	Massachusetts bank interest	15
16	Net rental and royalty income or loss	16
17	Business/profession or farm income or loss	17
18	Partnership or S corporation income or loss	18
19	Other income. Enclose statement	19
20	Short-term carryover losses	20
21	Other adjustments. Enclose statement	21
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 38c or Form 1-NR/PY, line 42c	24
25	Amount of ch 63D Entity-Level Tax paid by electing entity on behalf of this grantor or beneficiary. See instructions	25

Total paid

ID number