



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

2024

Calendar year filers enter 01-01-2024 and 12-31-2024 below; fiscal year filers enter appropriate dates
Tax year beginning Tax year ending

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

- 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
2	Interest from corporate bonds or notes	.....	.2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
3	Non-Massachusetts state and municipal bond interest	.....	.3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
4	Other interest income (including Massachusetts bank interest; see line 15)	.....	.4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
5	Interest from U.S. obligations	.....	.5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
6	Short-term capital gains	.....	.6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
7	Short-term capital losses	.....	.7	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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? PAID PREPARER'S SIGNATURE DATE IS PAID PREPARER SELF-EMPLOYED?
 Yes No

