

2024

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

			iax year beg	Jiiiiiig		iax ye	ai enum	y		
Calendar year filers enter 01-01-2024 and 12-31-2024 below; fis	cal year filers	enter appropriate o	ates MMD							
NAME OF GRANTOR/BENEFICIARY					GRANT	OR'S/OWNE	ER'S IDENTIF	FICATION NUM	MBER	
LEGAL DOMICILE OF GRANTOR/BENEFICIARY										
MAILING ADDRESS OF GRANTOR/BENEFICIARY		CITY/TOWN/POST OFFICI	:	STATE	ZIP + 4					
NAME OF FIDUCIARY										
TITLE OF FIDUCIARY										
NAME OF ENTITY					ENTITY	'S IDENTIFI	CATION NUI	MBER		
C/O							entificati ID numl	ON NUMBER:		
							Security/			
MAILING ADDRESS OF FIDUCIARY		CITY/TOWN/POST OFFICE		STATE	ZIP + 4					
Company account number	Date e	entity created								
Fill in all that apply: Grantor-type trust	Other _			→ Federal	amendm	ient				
Charitable remainder annuity trust Charitable remainder unitrust	Final 20		Amended return due to IRS BBA Partnership Audit Filing Schedule TDS							
Pooled income fund	Amend	ou roturn		IF A LOSS, MARK AN X IN BOX						
1 Dividends				1					0	0
2 Interest from corporate bonds or notes.									0	0
3 Non-Massachusetts state and municipal bond interest									0	0
4 Other interest income (including Massachusetts bank interest; see line 15)									0	0
									0	N
5 Interest from U.S. obligations.										
6 Short-term capital gains				6					0	
7 Short-term capital losses				7					0	0
DECLARATION. Under penalties of perjury, I declare that to t	the best of m	y knowledge and	belief this retu	n and encl	osures	are tru	e, corre	ct and co	omple	te.
SIGNATURE OF FIDUCIARY	DATE / /		PAID PREPARER'S SSN OR PTIN							
TITLE	DATE	PAID PREPARER'S	PHONE				PAID PREP	ARER'S EIN		
MAY DOR DISCUSS THIS RETURN WITH THE PREPARER?	PAID PREPARER'S	S SIGNATURE		Г	ATE		IS PAID PR	EPARER SELF	-EMPI ()	YED?
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NAME OF GRANTOR/BENEFICIARY				GRANTOR'S/OWNER'S IDENTIFICATION NUMBER						
NAME	AME OF ENTITY			ENTITY'S IDE	ENTIFICATI	ON 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		3					0		
9	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one	0					0	0		
	year or less							0		
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						0		
12	Long-term gains on collectibles and pre-1996 installment sales	12	2					0		
13	Short-term capital gain or loss differences. Enclose statement	. 13					0	0		
14	Long-term capital gain or loss differences. Enclose statement	. 14					0	0		
15	Massachusetts bank interest	15	5				0	0		
16	Net rental and royalty income or loss	. 16					0	0		
17	Business/profession or farm income or loss	. 17					0	0		
	Partnership or S corporation income or loss						0	0		
19	Other income. Enclose statement	19	9				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		2				0	0		
23	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding. See instructions	23	3				0	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	4				0	0		
25	Amount of ch 63D Entity-Level Tax paid by electing entity on behalf of this grantor or beneficiary. See instructions	25	5				0	0		
	Total paid ID number									