



Massachusetts Department of Revenue
Form 2 Fiduciary Income Tax Return

2025

Tax year beginning

Tax year ending

MMDDYYYY

MMDDYYYY

Calendar year filers enter 01–01–2025 and 12–31–2025 below; fiscal year filers enter appropriate dates

NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

NAME OF FIDUCIARY

TITLE OF FIDUCIARY

MAILING ADDRESS OF FIDUCIARY

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

C/O

Company account number

Date entity created

MMDDYYYY

Fill in all that apply:

☐ Decedent's estate

☐ Initial return

☐ Amended return (see instr.)

☐ Change in trust's name

☐ Nonresident beneficiaries listed on return

☐ Simple trust

☐ Amended return due to IRS BBA partnership audit

☐ Change in fiduciary

☐ Resident estate or trust

☐ Complex trust

☐ Amended return due to federal change

☐ Change in fiduciary's name

☐ Nonresident estate or trust

☐ Bankruptcy estate - ch 7

☐ Final return

☐ Change in fiduciary's address

☐ Enclosing Schedule DRE

☐ Bankruptcy estate - ch 11

☐ Guardianship/conservatorship

☐ Fiduciary Schedule TDS (see instr.)

☐ Qualified funeral trust

☐ Enclosing Schedule FCI

☐ Qualified settlement fund

☐ Member of a lower-tier entity

☐ ESBT

Number of employees in Massachusetts

Number of employees worldwide

Annual Voluntary Election- Pass-through entity has elected to pay tax at the entity level pursuant to MGL ch 63D (this election is irrevocable)

Total amount paid

PART B INCOME

1 Wages, salaries, tips and other employee compensation

2 Taxable pensions and annuities

3 Business/profession or farm income or loss. See instructions.

4 Rental, royalty and REMIC income or loss (enclose Form 2, Schedule E)

5 Total Part B 5.0% interest from Massachusetts banks

6 Other Part B 5.0% income (winnings, lump-sum distributions, etc.). Enclose statement.

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 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

☐ Yes

NAME OF DESIGNATED TAX MATTERS PARTNER

IDENTIFYING NUMBER OF TAX MATTERS PARTNER

