



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

2025

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

Tax year beginning
MMDDYYYY

Tax year ending
MMDDYYYY

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								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	X							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?
<input type="radio"/> Yes			<input type="radio"/> Yes

NAME OF GRANTOR/BENEFICIARY

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER

NAME OF ENTITY

ENTITY'S IDENTIFICATION NUMBER

[illegible]