Caution: DRAFT – DO NOT FILE

This is an early release draft of a 2025 Massachusetts tax form or schedule.

Do not file **DRAFT** forms.

DRAFT forms will not be processed.



2025

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

Only decrease (Theory to be 04, 000 Feed 40, 04, 000 Feed 50, 000 Feed		MMDDYYY	MMDDYYYY
Calendar year filers enter 01–01–2025 and 12–31–2025 below; fis	cal 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	(*	٧,	
TITLE OF FIDUCIARY			
NAME OF ENTITY			ENTITY'S IDENTIFICATION NUMBER
C/O	√ 0 √ √		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 MM		
Fill in all that apply: Grantor-type trust	Other	Federal am	endment
Charitable remainder annuity trust	Final 2G return	Amended re	eturn due to IRS BBA Partnership Audit
Charitable remainder unitrust Pooled income fund	Amended return	Filing Sche	OSS, MARK AN X IN BOX
1 Dividends			
2 Interest from corporate bonds or notes		2	
3 Non-Massachusetts state and municipal bond interest			00
·		_()	
4 Other interest income (including Massachusetts bank interest;			
5 Interest from U.S. obligations			
6 Short-term capital gains		6	
7 Short-term capital losses		7	
DECLARATION. Under penalties of perjury, I declare that to	the best of my knowledge and beli	ef this return and enclose	ures are true. correct and complete.
SIGNATURE OF FIDUCIARY	DATE PRINT PAID PREPARER'S N		PAID PREPARER'S SSN OR PTIN
TITLE	DATE PAID PREPARER'S PHONE		PAID PREPARER'S EIN
MAN DOD DIGOUGO THIS DETURNINE THE PRESENCES	DAID DECEMBENG GROWTHE		IO DAID DECOURE OF F THE THE
MAY DOR DISCUSS THIS RETURN WITH THE PREPARER? Yes	PAID PREPARER'S SIGNATURE	DATE	IS PAID PREPARER SELF-EMPLOYED? Yes
MANUTO MACCACHUICETTO DEDADTMENT OF DEVENUE DO DOV 7047 DOCTON MA	00004		<u> </u>



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NAME	OF GRANTOR/BENEFICIARY	GRANTOR'S/OWNER'S	S IDENTIFICATION NUMBER	
NAME	OF ENTITY	ENTITY'S IDENTIFICA	TION 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			0 0
9	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one			0 0
	year or less			0 0
10	Long-term capital gains or losses	•		
11	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10)			0 0
12	Long-term gains on collectibles and pre-1996 installment sales			0 0
13	Short-term capital gain or loss differences. Enclose statement			0 0
14	Long-term capital gain or loss differences. Enclose statement			0 0
	Massachusetts bank interest			0 0
16	Net rental and royalty income or loss			0 0
	Business/profession or farm income or loss			0 0
	Partnership or S corporation income or loss			0 0
	Other income. Enclose statement			0 0
20	Short-term carryover losses. 20			0 0
21	Other adjustments. Enclose statement			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			0 0
23	Massachusetts nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding. See instructions			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			0 0
25	Amount of ch 63D Entity-Level Tax paid by electing entity on behalf of this grantor or beneficiary. See instructions			0 0
	Total paid ID number			