

Caution:
DRAFT – DO NOT
FILE

This is an early release draft of
a 2026 Massachusetts tax
form or schedule.

Do not file **DRAFT** forms.

DRAFT forms **will not** be
processed.



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

2026

Calendar year filers enter 01-01-2026 and 12-31-2026 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

MMDDYYYY

Fill in all that apply:

☐ Grantor-type trust

☐ Charitable remainder annuity trust

☐ Charitable remainder unitrust

☐ Pooled income fund

☐ Other

☐ Final 2G return

☐ Amended return

☐ Change in fiduciary's address

☐ Amended return due to federal change

☐ Amended return due to IRS BBA Partnership Audit

☐ Filing Schedule TDS

IF A LOSS, MARK AN X IN BOX

1 Dividends.....1

00

2 Interest from corporate bonds or notes.....2

00

3 Non-Massachusetts state and municipal bond interest.....3

00

4 Other interest income (including Massachusetts bank interest; see line 15).....4

00

5 Interest from U.S. obligations.....5

00

6 Short-term capital gains.....6

00

7 Short-term capital losses.....7

X 00

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

☐ Yes

MAIL TO MASSACHUSETTS DEPARTMENT OF REVENUE, PO BOX 7017, BOSTON, MA 02204.

NAME OF GRANTOR/BENEFICIARY

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER

NAME OF ENTITY

ENTITY'S IDENTIFICATION NUMBER

[illegible]