PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2013 and 12-31-2013 below. Fiscal year filers enter appropriate dates.

Tax year beginning ► M M D D Y Y Y Y  Tax year ending ► M M D D Y Y Y Y

# Form 2G Grantor's/Owner's Share of a Grantor-Type Trust 2013

NAME OF GRANTOR/BENEFICIARY

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER

LEGAL DOMICILE

MAILING ADDRESS OF GRANTOR/BENEFICIARY | CITY/TOWN/POST OFFICE | STATE | ZIP + 4

NAME OF FIDUCIARY

ENTITY'S IDENTIFICATION NUMBER

TITLE OF FIDUCIARY

NAME OF ENTITY

C/O

MAILING ADDRESS OF FIDUCIARY | CITY/TOWN/POST OFFICE | STATE | ZIP + 4

Fill in all that apply:
► ◯ Grantor-type trust
► ◯ Amended
► ◯ Pooled income fund
► ◯ Charitable remainder unitrust
► ◯ Charitable remainder annuity trust
◯ Other _____

▼ If showing a loss, mark an X in box at left

| | | | |
|---|---|---|---|
| 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 |
| 8 | Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less ► 8 | | 0 0 |
| 9 | Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less ► 9 | X | 0 0 |
| 10 | Long-term capital gains or losses ► 10 | X | 0 0 |

**SIGN HERE. 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 | Preparer's SSN or PTIN ►

Title | Date / / | Paid preparer's phone ( ) | Paid preparer's EIN ►

May DOR discuss this return with the preparer? ► ◯ Yes ► Paid preparer's signature | Date / / | ◯ Fill in if self-employed

Mail to: **Massachusetts Department of Revenue, PO Box 7017, Boston, MA 02204.**

NAME OF GRANTOR/BENEFICIARY

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER

| | | | |
|---|---|---|---|
| 11 | Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10) ► 11 | X | 0 0 |
| 12 | Long-term gains on collectibles and pre-1996 installment sales ► 12 | | 0 0 |
| 13 | Short-term capital gain or loss differences. Enclose statement ► 13 | X | 0 0 |
| 14 | Long-term capital gain or loss differences. Enclose statement ► 14 | X | 0 0 |
| 15 | Massachusetts bank interest ► 15 | | 0 0 |
| 16 | Net rental and royalty income or loss ► 16 | X | 0 0 |
| 17 | Business/profession or farm income or loss ► 17 | X | 0 0 |
| 18 | Partnership or S corporation income or loss ► 18 | X | 0 0 |
| 19 | Other income. Enclose statement ► 19 | | 0 0 |
| 20 | Short-term carryover losses ► 20 | X | 0 0 |
| 21 | Other adjustments. Enclose statement ► 21 | X | 0 0 |
| 22 | Massachusetts income tax paid by trustee. Grantor or beneficiary enter this amount on Form 1, line 36 or Form 1-NR/PY, line 41 ► 22 | | 0 0 |