



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE,
SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2017 and 12-31-2017 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**2017**

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

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 return (see instr.) Pooled income fund Amended return due to federal change

Fill in type of identification number:

 Federal ID number Social Security/ITIN

ENTITY'S IDENTIFICATION NUMBER

 Charitable remainder annuity trust Charitable remainder unitrust

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

 Other _____

1	Dividends	1	<input type="checkbox"/> 0 0
2	Interest from corporate bonds or notes	2	<input type="checkbox"/> 0 0
3	Non-Massachusetts state and municipal bond interest	3	<input type="checkbox"/> 0 0
4	Other interest income (including Massachusetts bank interest; see line 15)	4	<input type="checkbox"/> 0 0
5	Interest from U.S. obligations	5	<input type="checkbox"/> 0 0
6	Short-term capital gains	6	<input type="checkbox"/> 0 0
7	Short-term capital losses	7	<input checked="" type="checkbox"/> <input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> <input type="checkbox"/> 0 0
10	Long-term capital gains or losses	10	<input checked="" type="checkbox"/> <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	Paid preparer's signature	Date / /

 Fill in if self-employed

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



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NAME OF GRANTOR/BENEFICIARY

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER