



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 [MMDDYYYY] Tax year ending [MMDDYYYY]

Form 2 Fiduciary Income Tax Return 2017

NAME OF ESTATE OR TRUST, ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER, NAME OF FIDUCIARY, TITLE OF FIDUCIARY, MAILING ADDRESS OF FIDUCIARY, CITY/TOWN/POST OFFICE, STATE, ZIP + 4, C/O

Company account number [MMDDYYYY], Date entity created [MMDDYYYY], Fill in all that apply: Qualified settlement fund, Qualified funeral trust, Change in trust's name, Nonresident beneficiaries listed on return, Initial return, Complex trust, Change in fiduciary, Final return, Trustee in bankruptcy, Simple trust, Change in fiduciary's name, Resident estate or trust, Nonresident estate or trust, Decedent's estate, Guardianship/conservatorship, Change in fiduciary's address, Filing Schedule TDS (see instr.)

Fill in if: Amended return (see instructions) Amended return due to federal change Member of a lower-tier entity

Table with 10 rows for income and deductions. Line 1: Wages, salaries, tips and other employee compensation. Line 2: Taxable pensions and annuities. Line 3: Business/profession or farm income or loss. Line 4: Rental, royalty and REMIC income or loss. Line 5: Total Part B 5.1% interest from Massachusetts banks. Line 6: Other Part B 5.1% income. Line 7: Total Part B 5.1% income. Line 8: Deductions allowed decedents. Line 9: Total Part B 5.1% income less deductions allowed decedents. Line 10: Income distribution deduction.

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?, Name of designated tax matters partner, Identifying number of tax matters partner

Mail to: Massachusetts Department of Revenue, PO Box 7018, Boston, MA 02204.



Grid for EITIN

Table with 3 columns: Line number, Description, and Amount. Lines 11-13.

PART A INTEREST AND DIVIDEND INCOME

Table with 3 columns: Line number, Description, and Amount. Lines 14-22.

PART A 12% CAPITAL GAINS

Table with 3 columns: Line number, Description, and Amount. Lines 23-30.

PART C 5.1% CAPITAL GAINS

Table with 3 columns: Line number, Description, and Amount. Lines 31-36.



NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

Empty line for Name of Estate or Trust

Empty boxes for ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

37	Net Part C 5.1% long-term capital gain income taxable to fiduciary. Subtract line 36 from line 35. Not less than "0"	37	00
38	Tax on Part C 5.1% long-term capital gains. Multiply line 37 by .051.....	38	00
39	Credit recapture (from Credit Recapture Schedule).....	39	00
40	Additional tax on installment sale.....	40	00
41	Total tax. Add lines 22, 30, and 38 through 40.....	41	00
42	Credit for income taxes due to other jurisdictions (enclose Schedules F and OJC).....	42	00
43	Other credits (from Credit Manager Schedule).....	43	00
44	Total credits. Add lines 42 and 43.....	44	00
45	Credits passed through to beneficiaries on Schedules 2K-1.....	45	00
46	Credits remaining with fiduciary. Subtract line 45 from line 44.....	46	00
47	Tax after credits. Subtract line 46 from line 41.....	47	00
48	Massachusetts income tax withheld (enclose all Mass. W-2, W-2G, 1099-G and 1099-R forms).....	48	00
49	2016 overpayment applied to your 2017 estimated tax.....	49	00
50	2017 Massachusetts estimated tax payments (do not include the amount in line 49).....	50	00
51	Payments made with extension.....	51	00
52	Payment with original return (use only if amending a return).....	52	00
53	Refundable credits (from Credit Manager Schedule).....	53	00
54	Total tax payments. Add lines 48 through 53.....	54	00
55	Overpayment. If line 47 is smaller than line 54, subtract line 47 from line 54. Enter the result in line 55. If line 47 is larger than line 54, go to line 58.....	55	00
56	Amount of overpayment you want applied to your 2018 estimated taxes.....	56	00
57	Amount of your refund. Subtract line 56 from line 55.....	57	00
58	Tax due. If line 47 is larger than line 54, subtract line 54 from line 47. Enter the result in line 58, and pay in full with this return. Pay online at mass.gov/masstaxconnect , or use Form 2-PV.....	58	00

Pay in full. Write EIN on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to: Mass. DOR, PO Box 7018, Boston, MA 02204.

(Add to total in Interest line 58, if applicable.)

Interest 00

Penalty

00

M-2210F amt.

00

EX encl. Form M-2210F

BE SURE TO SIGN RETURN ON PAGE 1