

2023

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

| | | Tax year beginning | Tax year ending | | | |
|---|---|--|--|--|--|--|
| Calendar year filers enter 01–01–2023 and 12–31–2023 below; fig | scal year filers enter appropriate dates | MMDDYY | | | | |
| 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 | | | |
| | | | ENTITO BENTITO NOMBER | | | |
| C/O | | | FILL IN TYPE OF IDENTIFICATION NUMBER: | | | |
| | | | Federal ID number Social Security/ITIN | | | |
| malume and ess of Figure A Changes, Le | CITATA WANDOCT OFFICE | CTATE | • | | | |
| Company account number Fill in all that apply: Grantor-type trust Charitable remainder annuity trust Charitable remainder unitrust Pooled income fund | Amende Filing S | Federal amendment Amended return due to IRS BBA Partnership Audit Filing Schedule TDS IF A LOSS, MARK AN X IN BOX | | | | |
| 1 Dividends | | 1 | | | | |
| 2 Interest from corporate bonds or notes | | | | | | |
| ${f 3}$ Non-Massachusetts state and municipal bond interest | | 3 | | | | |
| 4 Other interest income (including Massachusetts bank interest | ; see line 15) | | | | | |
| 5 Interest from U.S. obligations. | | | | | | |
| 6 Short-term capital gains | | | | | | |
| _ | | | | | | |
| 7 Short-term capital losses | | / | | | | |
| DECLARATION. Under penalties of perjury, I declare that to SIGNATURE OF FIDUCIARY | the best of my knowledge and be Date Print Paid Preparer'S | | losures are true, correct and complete. PAID PREPARER'S SSN OR PTIN | | | |
| TITLE | DATE PAID PREPARER'S PHON | IE | PAID PREPARER'S EIN | | | |
| MAY DOR DISCUSS THIS RETURN WITH THE PREPARER? | PAID PREPARER'S SIGNATURE | [| DATE IS PAID PREPARER SELF-EMPLOYED? | | | |
| Yes | | | / / Yes | | | |



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| NAME | OF GRANTOR/BENEFICIARY | | GRANTOR'S/OWNER | 'S IDENTIFICATIO | N NUMBER | |
|-------------|---|-----|--------------------|------------------|----------|---|
| | | | | | | |
| NAME | OF ENTITY | | ENTITY'S IDENTIFIC | ATION 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 | 8 | | | 00 | |
| 9 | Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | | | | 00 | |
| 10 | Long-term capital gains or losses | | | | 0 0 | |
| 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 | 12 | | | 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 | |
| 15 | Massachusetts bank interest | 15 | | | 0 0 | |
| 16 | Net rental and royalty income or loss | | | | 0 0 | |
| 17 | Business/profession or farm income or loss | X | | | 0 0 | |
| 3 18 | Business/profession or farm income or loss Federal changes, Legislative change or loss Partners in profession or farm income or loss 17 | jes | s, and | J 51 | urtex | C |
| 19 | Other income. Enclose statement | 19 | | | 0 0 | |
| 20 | Short-term carryover losses | | | | 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 | 22 | | | 00 | |
| 23 | Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding. See instructions | 23 | | | 00 | |
| 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 | 24 | | | 00 | |
| 25 | Amount of ch 63D Entity-Level Tax paid by electing entity on behalf of this grantor or beneficiary. See instructions | 25 | | | 0 0 | |
| | Total paid ID number | | | | | |