Massachusetts Department of Revenue

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

2025

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

Calendar year filers enter 01–01–2025 and 12–31–2025 below; fiscal year filers enter appropriate dates

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 M M D D Y Y Y Y

Fill in all that apply:
- ◯ Grantor-type trust
- ◯ Charitable remainder annuity trust
- ◯ Charitable remainder unitrust
- ◯ Pooled income fund
- ◯ Other _____
- ◯ Final 2G return
- ◯ Amended return
- ◯ Federal amendment
- ◯ Amended return due to IRS BBA Partnership Audit
- ◯ Filing Schedule TDS

IF A LOSS, MARK AN X IN BOX

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	☒ 0 0

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? ◯ Yes | PAID PREPARER'S SIGNATURE | DATE / / | IS PAID PREPARER SELF-EMPLOYED? ◯ 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

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	0 0
10	Long-term capital gains or losses	10	0 0
11	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10)	11	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	0 0
14	Long-term capital gain or loss differences. Enclose statement	14	0 0
15	Massachusetts bank interest	15	0 0
16	Net rental and royalty income or loss	16	0 0
17	Business/profession or farm income or loss	17	0 0
18	Partnership or S corporation income or loss	18	0 0
19	Other income. Enclose statement	19	0 0
20	Short-term carryover losses	20	0 0
21	Other adjustments. Enclose statement	21	0 0
22	Massachusetts income tax withheld (from Forms W-2 and Schedule 62-WH.) See instructions	22	0 0
23	Massachusetts nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding. See instructions	23	0 0
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	0 0
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