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2024 Form 2G					
XXXXXXXXXXXXXX		FOR 2-D	BARCOD		
Grantor's/Owner's Share	of a Grantor-Type Trust				
vvvvvv	VVVVVV				
	Ending XXXXXXXX				
	ENEFICIARYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	FGRANTORBE	JKANTOKIDNO			
	OFGRANTORX CITYTOWNPOSTO	FETCEXXXXXX	ST 7TP+FOI	IRX	
NAMEOFFIDUCIAR	YXXXXXXXXXX YXXXXXXXXX				
TITLEOFFIDUCIA	RYXXXXXXXX				
NAMEOFENTITYXX	XXXXXXXXXXX ENTITYIDNOX s	elect type of ID no X F			
INCAREOFXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
MAILINGADDRESS	OFFTDUCTAR CTTYTOWNPOSTC	<b>OFFICEXXXXXX</b>	ST 7TP+FOI	JRX	
	XXXXXXXXXXXX Date entity created MM	DDYYYY			
Fill in all that apply:	X Grantor-type trust X Other	X Federal amendmer	nt		
X Charitable remainder a	annuity trust X Final 2G return		ue to IRS BBA Partner	ship Audit	
X Charitable remainder u	unitrust X Amended return	X Filing Schedule TE			
X Pooled income fund					
1. Dividends			1	XXXXXXXXXXXXX	
2. Interest from corporate bon	nds or notes		2	XXXXXXXXXXXXX	
	and municipal bond interest		3	XXXXXXXXXXXXX	
4. Other interest income			4	XXXXXXXXXXXXX	
5. Interest from U.S. obligation	ins		-	XXXXXXXXXXXXX	
<ol><li>Interest from U.S. obligation</li></ol>			5		
			6	XXXXXXXXXXXXX	
6. Short-term capital gains			6	XXXXXXXXXXXXX -XXXXXXXXXXXXXX	
<ol> <li>Short-term capital gains</li> <li>Short-term capital losses</li> </ol>	erjury, I declare that to the best of my knowledge	e and belief this return ar	6 7 -		
<ol> <li>Short-term capital gains</li> <li>Short-term capital losses</li> <li>SIGN HERE. Under penalties of periods</li> </ol>		e and belief this return ar	6 7 -		
<ol> <li>6. Short-term capital gains</li> <li>7. Short-term capital losses</li> <li>SIGN HERE. Under penalties of period</li> </ol>	erjury, I declare that to the best of my knowledge Date Print paid prep		6 7 - nd enclosures are tru Paid preparer*	e, correct and complete. s SSN or PTIN	
<ol> <li>Short-term capital gains</li> <li>Short-term capital losses</li> <li>SIGN HERE. Under penalties of penalties</li> <li>Signature of fiduciary</li> </ol>	erjury, I declare that to the best of my knowledge		6 7 - nd enclosures are tru	e, correct and complete. s SSN or PTIN	
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11	2024 Form 2G ng 2	AREA RESE	:RVE	=D	
12	2024 Form 2G, pg. 2	FOR 2-D BA			
13		FUR 2-D DAI	100		
14	Creater's/Ourser's Chara of a Creater Tring Trust				
15	Grantor's/Owner's Share of a Grantor-Type Trust				
16					
17					
18	NAMETITLEOFGRANTORBENEFICIARYXXXX				
19 20	NAMEOFENTITYXXXXXXXXXXXX ENTITYID	NOX			
21	8. Gain on the sale, exchange or involuntary conversion of property used	d in a trade or business and held for			
22	one year or less		8	XXXXX	XXXXXXX
23	9. Loss on the sale, exchange or involuntary conversion of property used	d in a trade or business and held for			
24	one year or less		9	-XXXXX	XXXXXXX
25	10. Long-term capital gains or losses		10	-XXXXX	XXXXXXX
26	11. Massachusetts long-term capital gain or loss included in U.S. Form 47	797, Part II	11	-XXXXX	XXXXXXX
27	12. Long-term gains on collectibles and pre-1996 installment sales		12	XXXXX	XXXXXXX
28	13. Short-term capital gain or loss differences		13	-XXXXX	XXXXXXX
29	14. Long-term capital gain or loss differences		14	-XXXXX	XXXXXXX
30	15. Massachusetts bank interest		15	XXXXX	XXXXXXX
31	16. Net rental and royalty income or loss		16	-XXXXX	XXXXXXX
32	17. Business/profession or farm income or loss		17	-XXXXXX	XXXXXXX
33	18. Partnership or S corporation income or loss		18	-XXXXXX	XXXXXXX
34	19. Other income		19	XXXXXX	XXXXXXX
35	20. Short-term carryover losses		20	-XXXXXX	XXXXXXX
36	21. Other adjustments		21	-XXXXXX	XXXXXXX
37	22. Massachusetts income tax withheld		22	XXXXXX	XXXXXXX
38	23. Nonresident withholding and pooled income fund/charitable remainde	r annuity or unitrust withholding	23	XXXXXX	XXXXXXX
39	24. Massachusetts income tax paid by trustee. Add lines 22 and 23. Gran				
40	Form 1, line 38c or Form 1-NR/PY, line 42c		24	XXXXXX	XXXXXXX
41	25. Amount of ch 63D Entity-Level Tax paid by electing entity on behalf of Total paid XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	this grantor or beneficiary	25	XXXXX	XXXXXXX
42 43					
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45	BE SURE TO SI	GN RETURN ON PAGE 1			
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