



Massachusetts Department of Revenue
Form 2 Fiduciary Income Tax Return

2024

Tax year beginning

Tax year ending

MMDDYYYY

MMDDYYYY

Calendar year filers enter 01-01-2024 and 12-31-2024 below; fiscal year filers enter appropriate dates

NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

Grid for name of estate or trust

Grid for EITIN

NAME OF FIDUCIARY

Grid for name of fiduciary

TITLE OF FIDUCIARY

Grid for title of fiduciary

MAILING ADDRESS OF FIDUCIARY

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

Grid for mailing address

C/O

Grid for C/O

Company account number

Date entity created

MMDDYYYY

Fill in all that apply:

- Decedent's estate, Simple trust, Complex trust, Bankruptcy estate - ch 7, Bankruptcy estate - ch 11, Guardianship/conservatorship, Qualified funeral trust, Qualified settlement fund, ESBT, Initial return, Amended return (see instr.), Amended return due to IRS BBA partnership audit, Amended return due to federal change, Final return, Change in trust's name, Change in fiduciary, Change in fiduciary's name, Change in fiduciary's address, Nonresident beneficiaries listed on return, Resident estate or trust, Nonresident estate or trust, Enclosing Schedule DRE, Fiduciary Schedule TDS (see instr.), Enclosing Schedule FCI, Member of a lower-tier entity

Number of employees in Massachusetts

Number of employees worldwide

Annual Voluntary Election- Pass-through entity has elected to pay tax at the entity level pursuant to MGL ch 63D (this election is irrevocable)

Total amount paid

PART B INCOME

Table with 6 rows for income categories: 1 Wages, salaries, tips and other employee compensation; 2 Taxable pensions and annuities; 3 Business/profession or farm income or loss; 4 Rental, royalty and REMIC income or loss; 5 Total Part B 5.0% interest from Massachusetts banks; 6 Other Part B 5.0% income.

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 and preparer information section including fields for Signature of Fiduciary, Date, Print Paid Preparer's Name, Paid Preparer's PTIN, Title, Date, Paid Preparer's Phone, Paid Preparer's EIN, May DOR discuss this return with the preparer?, Paid Preparer's Signature, Date, Is Paid Preparer Self-Employed?, Name of Designated Tax Matters Partner, Identifying Number of Tax Matters Partner.



NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

NAME OF ESTATE OR TRUST input field

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER input field

Table with 3 columns: Line number, Description, and Amount. Includes sections for Part A Interest and Dividend Income, Part A 8.5% and 12% Capital Gains, and Part C 5.0% Capital Gains.

DO NOT FILE. DRAFT AS OF SEPTEMBER 27, 2024. SUBJECT TO CHANGE.

