



Massachusetts Department of Revenue

2024

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

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

Tax year beginning

Tax year ending

MMDDYYYY

MMDDYYYY

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

MMDDYYYY

Fill in all that apply:

Grantor-type trust

Other

Federal amendment

Charitable remainder annuity trust

Final 2G return

Amended return due to IRS BBA Partnership Audit

Charitable remainder unitrust

Amended return

Filing Schedule TDS

Pooled income fund

IF A LOSS, MARK AN X IN BOX

Table with 7 rows: Dividends, Interest from corporate bonds or notes, Non-Massachusetts state and municipal bond interest, Other interest income, Interest from U.S. obligations, Short-term capital gains, Short-term capital losses.

Grid for reporting amounts with columns for cents and a box for losses.

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?

PAID PREPARER'S SIGNATURE

DATE

IS PAID PREPARER SELF-EMPLOYED?

Yes

Yes

