



Test #1

PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2018 and 12-31-2018 below. Fiscal year filers enter appropriate dates.

Tax year beginning 01012018 Tax year ending 12312018

Form 2G Grantor's/Owner's Share of a Grantor-Type Trust 2018

NAME OF GRANTOR/BENEFICIARY RICHARD GILMORE GRANTOR'S/OWNER'S IDENTIFICATION NUMBER 470000961

LEGAL DOMICILE OF GRANTOR/BENEFICIARY MASSACHUSETTS

MAILING ADDRESS OF GRANTOR/BENEFICIARY 100 CAMBRIDGE ST BOSTON MA 02114

NAME OF FIDUCIARY RICHARD GILMORE Fill in type of identification number:
 Federal ID number
 Social Security/ITIN

TITLE OF FIDUCIARY TRUSTEE

NAME OF ENTITY RICHARD GILMORE REALTY TRUST ENTITY'S IDENTIFICATION NUMBER 470000961

C/O GIL GILMORE

MAILING ADDRESS OF FIDUCIARY 100 CAMBRIDGE ST BOSTON MA 02114 1023

Fill in all that apply:
 Grantor-type trust Pooled income fund Charitable remainder annuity trust
 Amended return (see instr.) Amended return due to federal change Charitable remainder unitrust
 Filing Schedule TDS Other _____ If showing a loss, mark an X in box at left

1	Dividends	1	500000
2	Interest from corporate bonds or notes	2	600000
3	Non-Massachusetts state and municipal bond interest	3	700000
4	Other interest income (including Massachusetts bank interest; see line 15)	4	800000
5	Interest from U.S. obligations	5	900000
6	Short-term capital gains	6	1000000
7	Short-term capital losses	7 X	1100000
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	1200000
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 X	1300000
10	Long-term capital gains or losses	10	1400000

SIGN HERE. 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 [Signature] Date 01/03/2019 Print paid preparer's name KIM Preparer's SSN or PTIN 013204777

Title CFO Date 1/1 Paid preparer's phone (616) 210-0000 Paid preparer's EIN _____

May DOR discuss this return with the preparer? Yes Paid preparer's signature _____ Date 01/03/2019 Fill in if self-employed

Mail to: Massachusetts Department of Revenue, PO Box 7017, Boston, MA 02204.



NAME OF GRANTOR/BENEFICIARY

RICHARD GILMORE

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER

470000961

NAME OF ENTITY

RICHARD GILMORE REALTY TRUST

ENTITY'S IDENTIFICATION NUMBER

470000961

11	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10)	11	1500000
12	Long-term gains on collectibles and pre-1996 installment sales	12	1600000
13	Short-term capital gain or loss differences. Enclose statement	13	1700000
14	Long-term capital gain or loss differences. Enclose statement	14	1800000
15	Massachusetts bank interest	15	1900000
16	Net rental and royalty income or loss	16	2000000
17	Business/profession or farm income or loss	17	2100000
18	Partnership or S corporation income or loss	18	2200000
19	Other income. Enclose statement	19	2300000
20	Short-term carryover losses	20	2400000
21	Other adjustments. Enclose statement	21	2500000
22	Massachusetts income tax withheld (enclose all Massachusetts Forms W-2, W-2G, 1099-G or 1099R, if applicable)	22	2600000
23	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding (see instructions)	23	2700000
24	Massachusetts income tax paid by trustee. Add lines 22 and 23. If grantor or beneficiary enter this amount on Form 1, line 37 or Form 1-NR/PY, line 41	24	5300000

DON'T FILE TO CHANGE
SUBJECT TO CHANGE
SEPTEMBER 17, 2018