



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 01-01-2018 Tax year ending 12-31-2018

Form 2 Fiduciary Income Tax Return

2018

NAME OF ESTATE OR TRUST: RORY GILMORE TRUST
 ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER: 043456789
 NAME OF FIDUCIARY: RORY GILMORE
 TITLE OF FIDUCIARY: TRUSTEE
 MAILING ADDRESS OF FIDUCIARY: 259 ESSEX ST
 CITY/TOWN/POST OFFICE: SAUGUS
 STATE ZIP+4: MA 01906

Company account number: _____
 Date entity created: 01-01-2010

Fill in all that apply:

| | | |
|---|---|---|
| <input type="checkbox"/> Qualified settlement fund | <input type="checkbox"/> Trustee in bankruptcy | <input type="checkbox"/> Decedent's estate |
| <input type="checkbox"/> Qualified funeral trust | <input checked="" type="checkbox"/> Simple trust | <input type="checkbox"/> Guardianship/conservatorship |
| <input checked="" type="checkbox"/> Change in trust's name | <input checked="" type="checkbox"/> Change in fiduciary | <input checked="" type="checkbox"/> Change in fiduciary's address |
| <input type="checkbox"/> Nonresident beneficiaries listed on return | <input type="checkbox"/> Change in fiduciary's name | <input type="checkbox"/> Filing Schedule TDS (see instr.) |
| <input type="checkbox"/> Initial return | <input type="checkbox"/> Resident estate or trust | <input type="checkbox"/> Nonresident estate or trust |
| <input type="checkbox"/> Final return | <input type="checkbox"/> Nonresident estate or trust | |

Fill in if: Amended return (see instructions) Amended return due to federal change Member of a lower-tier entity

| PART B INCOME | | |
|---------------|---|---------|
| 1 | Wages, salaries, tips and other employee compensation | 2500000 |
| 2 | Taxable pensions and annuities | 2500100 |
| 3 | Business/profession or farm income or loss. See instructions. | 919000 |
| 4 | Rental, royalty and REMIC income or loss (enclose Form 2, Schedule E) | 3250000 |
| 5 | Total Part B 5.1% interest from Massachusetts banks | 1500000 |
| 6 | Other Part B 5.1% income (winnings, lump-sum distributions, etc.). Enclose statement | 1600000 |
| 7 | Total Part B 5.1% income. Add lines 1 through 6 | 9479100 |
| 8 | Deductions allowed decedents. See instructions | 2000000 |
| 9 | Total Part B 5.1% income less deductions allowed decedents. Subtract line 8 from line 7 | 2979100 |
| 10 | Income distribution deduction (from Schedule IDD, line 5). Enclose Schedules IDD and 2K-1 | 5000000 |

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: 1/7/19 Print paid preparer's name: PHIL BORNE Preparer's SSN or PTIN: 410001010
 Title: _____ Date: _____ Paid preparer's phone: (617) 100 9998 Paid preparer's EIN: _____
 May DOR discuss this return with the preparer? Yes Paid preparer's signature: _____ Date: 1/3/2019 Fill in if self-employed
 Name of designated tax matters partner: DAN DOE Identifying number of tax matters partner: 042314566

Mail to: Massachusetts Department of Revenue, PO Box 7018, Boston, MA 02204.

DON'T FILE SEPTEMBER 2019 SUBJECT TO CHANGE



043456789

| | | | |
|----|--|----|-----------|
| 11 | Part B 5.1% income taxable to fiduciary. Subtract line 10 from line 9. Not less than "0" | 11 | 42,791.00 |
| 12 | Nonresident/charitable deduction. Not less than "0." See instructions | 12 | 00 |
| 13 | Net Part B 5.1% income taxable to fiduciary. Subtract line 12 from line 11. Not less than "0" | 13 | 42,791.00 |

PART A INTEREST AND DIVIDEND INCOME

| | | | |
|----|---|----|-----------|
| 14 | Part A 5.1% interest and dividend income (from Form 2, Schedule B, line 39). Enclose Schedule B | 14 | 53,500.00 |
| 15 | Part A 5.1% common trust fund interest and dividend income..... | 15 | 00 |
| 16 | Total Part A 5.1% interest and dividend income. Add lines 14 and 15 | 16 | 53,500.00 |
| 17 | Income distribution deduction (from Schedule IDD, line 10). Enclose Schedules IDD and 2K-1 | 17 | 8,500.00 |
| 18 | Part A 5.1% interest and dividend income taxable to fiduciary. Subtract line 17 from line 16. Not less than "0" | 18 | 45,000.00 |
| 19 | Nonresident/charitable deduction. Not less than "0." See instructions | 19 | 00 |
| 20 | Net Part A 5.1% interest and dividend income taxable to fiduciary. Subtract line 19 from line 18. Not less than "0" | 20 | 45,000.00 |
| 21 | Net Part A and Part B 5.1% income taxable to fiduciary. Add lines 13 and 20 | 21 | 87,791.00 |
| 22 | Tax from table. If line 21 is more than \$24,000, multiply amount by .051 | 22 | 4,477.00 |

PART A 12% CAPITAL GAINS

| | | | |
|----|--|----|-----------|
| 23 | Taxable Part A 12% capital gains (from Form 2, Schedule B, line 40). Enclose Schedule B. Not less than "0" | 23 | 47,373.00 |
| 24 | Part A 12% short-term common trust fund capital gains | 24 | 00 |
| 25 | Total Part A 12% capital gains. Add lines 23 and 24 | 25 | 47,373.00 |
| 26 | Income distribution deduction (from Schedule IDD, line 15). Enclose Schedules IDD and 2K-1 | 26 | 10,000.00 |
| 27 | Part A 12% capital gains taxable to fiduciary. Subtract line 26 from line 25. Not less than "0" | 27 | 37,373.00 |
| 28 | Nonresident/charitable deduction. Not less than "0." See instructions | 28 | 00 |
| 29 | Net Part A 12% capital gain income taxable to fiduciary. Subtract line 28 from line 27. Not less than "0" | 29 | 37,373.00 |
| 30 | 12% tax. Multiply line 29 by .12 | 30 | 4,485.00 |

PART C 5.1% CAPITAL GAINS

| | | | |
|----|---|----|------------|
| 31 | Part C 5.1% long-term capital gains (from Form 2, Schedule D, line 18). Enclose Schedule D. Not less than "0." If filing Schedule D-IS, Installment Sales, fill in oval and enclose Schedule D-IS: <input type="radio"/> | 31 | 125,000.00 |
| 32 | Part C 5.1% long-term common trust fund capital gains | 32 | 10,000.00 |
| 33 | Total Part C 5.1% long-term capital gains. Add lines 31 and 32 | 33 | 135,000.00 |
| 34 | Income distribution deduction (from Schedule IDD, line 20). Enclose Schedules IDD and 2K-1 | 34 | 15,000.00 |
| 35 | Part C 5.1% long-term capital gains taxable to fiduciary. Subtract line 34 from line 33. Not less than "0" | 35 | 120,000.00 |
| 36 | Nonresident/charitable deduction. Not less than "0." See instructions | 36 | 00 |

DO NOT FILE OF SEPTEMBER 7, 2019
SUBJECT TO CHANGE



NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

R.O.R.Y. GILMORE TRUST

043456789

| | | | |
|----|--|----|-----------|
| 37 | Net Part C 5.1% long-term capital gain income taxable to fiduciary. Subtract line 36 from line 35. Not less than "0"..... | 37 | 120000.00 |
| 38 | Tax on Part C 5.1% long-term capital gains. Multiply line 37 by .051..... | 38 | 6120.00 |
| 39 | Credit recapture (from Schedule CRS)..... | 39 | 00 |
| 40 | Additional tax on installment sale..... | 40 | 00 |
| 41 | Total tax. Add lines 22, 30, and 38 through 40..... | 41 | 14330.00 |
| 42 | Credit for income taxes due to other jurisdictions (enclose Form 2, Schedule OJC)..... | 42 | 00 |
| 43 | Other credits (from Schedule CMS)..... | 43 | 00 |
| 44 | Total credits. Add lines 42 and 43..... | 44 | 00 |
| 45 | Credits passed through to beneficiaries on Schedule 2K-1..... | 45 | 00 |
| 46 | Credits remaining with fiduciary. Subtract line 45 from line 44..... | 46 | 00 |
| 47 | Tax after credits. Subtract line 46 from line 41..... | 47 | 14330.00 |
| 48 | Massachusetts income tax withheld (enclose all Mass. W-2, W-2G, 1099-G and 1099-R forms)..... | 48 | 5000.00 |
| 49 | 2017 overpayment applied to your 2018 estimated tax..... | 49 | 00 |
| 50 | 2018 Massachusetts estimated tax payments (do not include the amount in line 49)..... | 50 | 00 |
| 51 | Payments made with extension..... | 51 | 00 |
| 52 | Payment with original return (use only if amending a return)..... | 52 | 00 |
| 53 | Refundable credits (from Schedule CMS)..... | 53 | 00 |
| 54 | Total tax payments. Add lines 48 through 53..... | 54 | 5000.00 |
| 55 | Overpayment. If line 47 is smaller than line 54, subtract line 47 from line 54. Enter the result in line 55. If line 47 is larger than line 54, go to line 58..... | 55 | 00 |
| 56 | Amount of overpayment you want applied to your 2019 estimated taxes..... | 56 | 00 |
| 57 | Amount of your refund. Subtract line 56 from line 55..... | 57 | 00 |
| 58 | Tax due. If line 47 is larger than line 54, subtract line 54 from line 47. Enter the result in line 58, and pay in full with this return. Pay online at mass.gov/masstaxconnect , or use Form 2-PV..... | 58 | 9330.00 |

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Pay in full. Write EIN on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to: Mass. DOR, PO Box 7018, Boston, MA 02204.

(Add to total in Interest line 58, if applicable.) 00 Penalty 00 M-2210F amt. 00 EX encl. Form M-2210F

BE SURE TO SIGN RETURN ON PAGE 1



Schedule B/R Beneficiary/Remainderman

2018

NAME OF ESTATE OR TRUST: RORY GILMORE TRUST; ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER: 043456789

NAME OF BENEFICIARY/REMAINDERMAN: RORY GILMORE; BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO.: 043456789; MAILING ADDRESS: 1359 MAIN ST SAUGUS MA 01906

LEGAL DOMICILE (STATE): MA; Select applicable oval: Beneficiary; Total income: 287955; Percentage of income: 1.0000; Percentage of taxable income: 1.0000

NAME OF BENEFICIARY/REMAINDERMAN; BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO.; MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN; CITY/TOWN/POST OFFICE; STATE; ZIP + 4

LEGAL DOMICILE (STATE); Select applicable oval: Beneficiary, Remainderman; Total income; Percentage of income; Percentage of taxable income

NAME OF BENEFICIARY/REMAINDERMAN; BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO.; MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN; CITY/TOWN/POST OFFICE; STATE; ZIP + 4

LEGAL DOMICILE (STATE); Select applicable oval: Beneficiary, Remainderman; Total income; Percentage of income; Percentage of taxable income

NAME OF BENEFICIARY/REMAINDERMAN; BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO.; MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN; CITY/TOWN/POST OFFICE; STATE; ZIP + 4

LEGAL DOMICILE (STATE); Select applicable oval: Beneficiary, Remainderman; Total income; Percentage of income; Percentage of taxable income

DO NOT FILE DRAFT ACCUMULATED INCOME SUBJECT TO CHANGE SEPTEMBER 17 2018

INCOME SUMMARY table with 4 rows: 1 Accumulated income 72791.00, 2 Total of beneficiaries' income 287955.00, 3 Accumulated capital gain 157480.00, 4 Total remaindermen's income 00



Massachusetts Department of Revenue

Schedule B

Interest, Dividends and Certain Capital Gains and Losses 2018

Name of estate or trust

Estate or trust employer identification number

RURY GILMORE TRUST

043456789

▼ Fill in oval if showing a loss

| | | | |
|----|---|----|---|
| 1 | Total interest (from U.S. Form 1041, line 1; or Form 1041-QFT, line 1a) | 1 | 15 000 |
| 2 | Total dividends (from U.S. Form 1041, line 2a; or Form 1041-QFT, line 2a) | 2 | 20 000 |
| 3 | Other interest and dividends not included above | 3 | 25 000 |
| 4 | Total interest and dividends. Add lines 1 through 3. | 4 | 60 000 |
| 5 | Interest on U.S. debt obligations included in line 4 | 5 | 5 000 |
| 6 | Interest from Massachusetts banks reported in Form 2, line 5 (5.1% income) | 6 | 1 500 |
| 7 | Other exclusions (see instructions). Attach list of exclusions, if any | 7 | |
| 8 | Total adjustments. Add lines 5 through 7. | 8 | 6 500 |
| 9 | Subtotal. Subtract line 8 from line 4. | 9 | 53 500 |
| 10 | Allowable deductions from your trade or business (from Massachusetts Schedule C-2) | 10 | |
| 11 | Subtotal. Subtract line 10 from line 9 | 11 | 53 500 |
| 12 | Short-term capital gains (included in U.S. Form 1041, Schedule D, Part I, lines 1 through 5) | 12 | 50 000 |
| 13 | Long-term capital gains on collectibles and pre-1996 installment sales (from Massachusetts Schedule D, line 11) | 13 | |
| 14 | Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797) | 14 | 10 000 |
| 15 | Add lines 12 through 14 | 15 | 60 000 |
| 16 | Allowable deductions from your trade or business (from Massachusetts Schedule C-2) | 16 | |
| 17 | Subtotal. Subtract line 16 from line 15 | 17 | 60 000 |
| 18 | Short-term capital losses (included in U.S. Form 1041, Schedule D, Part I, lines 1 through 5) | 18 | <input checked="" type="radio"/> 10 000 |
| 19 | Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797) | 19 | <input type="radio"/> |
| 20 | Prior short-term losses for years beginning after 1981 (from 2016 Massachusetts Schedule B, line 41) | 20 | <input type="radio"/> |
| 21 | Combine lines 17 through 20. If a positive amount, go to line 26. If the total is a loss, go to line 22 | 21 | <input type="radio"/> 50 000 |
| 22 | Short-term capital losses applied against interest and dividends. Enter the smaller of line 11 or line 21 (as a positive amount). Not more than \$2,000. | 22 | |
| 23 | Subtotal. Combine lines 21 and 22 | 23 | <input type="radio"/> |
| 24 | Short-term capital losses applied against long-term capital gains | 24 | |
| 25 | Short-term losses available for carryover in 2019. Combine lines 23 and 24 and enter result here and in line 41, omit lines 26 through 29, enter "0" in line 30, and complete lines 31 through 40 | 25 | <input type="radio"/> |
| 26 | Short-term gains and long-term gains on collectibles. Enter amount from line 21. See instructions | 26 | 50 000 |
| 27 | Long-term capital losses applied against short-term capital gains | 27 | |
| 28 | Subtotal. Subtract line 27 from line 26. Enter result here. If line 28 is "0," omit line 29, and enter "0" in line 30 | 28 | 50 000 |
| 29 | Long-term gains deduction. Complete only if lines 13 and 28 are greater than "0." If line 13 shows a gain, enter 50% of line 13 minus 50% of losses in lines 18, 19, 20 and 27, but not less than "0" | 29 | |
| 30 | Short-term gains after long-term gains deduction. Subtract line 29 from line 28. | 30 | 50 000 |

DO NOT FILE OR SEPTEMBER 7, 2018
SUBJECT TO CHANGE



Name of estate or trust

Estate or trust employer identification number

RORY GILMORE TRUST

043 456 789

| | | | |
|-----|--|-----|-----------------------|
| 31 | Enter the amount from line 11 | 31 | 53500 |
| 32 | Short-term losses applied against interest and dividends. Enter the amount from line 22 | 32 | |
| 33 | Subtotal. Subtract line 32 from line 31. See instructions | 33 | 53500 |
| 34 | Long-term losses applied against interest and dividends (from worksheet in instructions) | 34 | |
| 35 | Adjusted interest and dividends. Subtract line 34 from line 33 | 35 | 53500 |
| 36 | Adjusted gross interest, dividends and certain capital gains and losses. Add lines 30 and 35. Not less than "0" | 36 | 103500 |
| 37 | Expense and fiduciary compensation deduction. Attach Schedule H. | | |
| 37a | Expense deduction (from Schedule H, line 5) | 37a | 1740 |
| 37b | Fiduciary compensation (from Schedule H, line 18) | 37b | 887 |
| 37c | Total | 37c | 2627 |
| 38 | Taxable interest and dividends and certain capital gains. Subtract line 37 from line 36. Not less than "0" | 38 | 100 873 |
| 39 | If line 38 is greater than or equal to line 11, enter the amount from line 11 here and on Form 2, line 14. If line 38 is less than line 11, enter line 38 here and on Form 2, line 14. | 39 | 53500 |
| 40 | Taxable 12% capital gains. Subtract line 39 from line 38. Not less than "0." Enter result here and on Form 2, line 23 | 40 | 47373 |
| 41 | Available short-term losses for carryover in 2019. Enter amount from line 25 only if it is a loss. | 41 | <input type="radio"/> |

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**Massachusetts Department of Revenue
Schedule D
Capital Gains and Losses**

2018

Attach copy of U.S. Schedule D.

Name of estate or trust

RORY GILMORE TRUST

Estate or trust employer identification number

043 456 789

▼ Fill in oval if showing a loss

- | | | | |
|---|-----------|----------------------------------|----------------|
| 1 Enter amounts included in U.S. Form 1041, Schedule D, lines 8 through 10, col. h | 1 | <input type="radio"/> | <i>10 000</i> |
| 2 Enter amounts included in U.S. Form 1041, Schedule D, line 11, col. h | 2 | <input type="radio"/> | <i>15 000</i> |
| 3 Enter amounts included in U.S. Form 1041, Schedule D, line 12, col. h | 3 | <input type="radio"/> | <i>20 000</i> |
| 4 Enter amounts included in U.S. Form 1041, Schedule D, line 13, col. h | 4 | <input type="radio"/> | <i>25 000</i> |
| 5 Enter amounts included in U.S. Form 1041, Schedule D, line 14, col. h | 5 | <input type="radio"/> | <i>30 000</i> |
| 6 Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II (not included in lines 1 through 5). See instructions | 6 | <input type="radio"/> | <i>35 000</i> |
| 7 Carryover losses from prior years (from 2017 Schedule D, line 19) | 7 | <input checked="" type="radio"/> | <i>5 000</i> |
| 8 Combine lines 1 through 7 | 8 | <input type="radio"/> | <i>130 000</i> |
| 9 Massachusetts differences, if any (enclose additional statement) | 9 | <input type="radio"/> | <i>5 000</i> |
| 10 Massachusetts 2018 gains or losses. Exclude/subtract line 9 from line 8 | 10 | <input type="radio"/> | <i>125 000</i> |
| 11 Long-term gains on collectibles and pre-1996 installment sales. Also enter this amount in Schedule B, line 13. | 11 | | |
| 12 Subtotal. Subtract line 11 from line 10 | 12 | <input type="radio"/> | <i>125 000</i> |
| 13 Capital losses applied against capital gains | 13 | | |
| 14 Subtotal. If line 12 is less than "0," combine lines 12 and 13. If line 12 is greater than "0," subtract line 13 from line 12 | 14 | <input type="radio"/> | <i>125 000</i> |
| 15 Long-term capital losses applied against interest and dividends (from worksheet in instructions) | 15 | | |
| 16 Subtotal. Combine lines 14 and 15 | 16 | <input type="radio"/> | <i>125 000</i> |
| 17 Allowable deductions from your trade or business (from Massachusetts Schedule C-2) | 17 | | |
| 18 Subtotal. Subtract line 17 from line 16. Enter result here and on Form 2, line 31 | 18 | <input type="radio"/> | <i>125 000</i> |
| 19 Long-term capital losses available for carryover in 2019, if any | 19 | <input type="radio"/> | |

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SUBJECT TO CHANGE



Massachusetts Department of Revenue
Schedule IDD
Income Distribution Deduction

2018

Name of estate or trust

RORY GILMORE TRUST

Estate or trust employer identification number

043 456 789

Part 1. Income distribution deduction — Part B Income

| | | | |
|---|--|---|------------------------------------|
| 1 | Total Part B 5.1% income. From line 9 of Form 2 | 1 | <input type="text" value="92971"/> |
| 2 | Enter the amount of total Part B 5.1% income included in line 1 required to be distributed currently | 2 | <input type="text" value="50000"/> |
| 3 | Enter any other amounts included in line 1 paid, credited or otherwise required to be distributed | 3 | <input type="text" value=""/> |
| 4 | Total distributions. Add lines 2 and 3 | 4 | <input type="text" value="50000"/> |
| 5 | Income distribution deduction. Enter the smaller of line 1 or line 4 here and on line 10 of Form 2 | 5 | <input type="text" value="50000"/> |

Part 2. Income distribution deduction — Part A Interest and Dividend Income

| | | | |
|----|--|----|------------------------------------|
| 6 | Total Part A 5.1% interest and dividend income. From line 16 of Form 2 | 6 | <input type="text" value="53500"/> |
| 7 | Enter the amount of total Part A 5.1% interest and dividend income included in line 6 required to be distributed currently | 7 | <input type="text" value="8500"/> |
| 8 | Enter any other amounts included in line 6 paid, credited or otherwise required to be distributed | 8 | <input type="text" value=""/> |
| 9 | Total distribution. Add lines 7 and 8 | 9 | <input type="text" value="8500"/> |
| 10 | Income distribution deduction. Enter the smaller of line 6 or line 9 here and on line 17 of Form 2 | 10 | <input type="text" value="8500"/> |

Part 3. Income distribution deduction — Part A 12% Capital Gains

| | | | |
|----|---|----|------------------------------------|
| 11 | Total Part A 12% capital gains. From line 25 of Form 2 | 11 | <input type="text" value="47373"/> |
| 12 | Enter the amount of total Part A 12% capital gains included in line 11 required to be distributed currently | 12 | <input type="text" value="10000"/> |
| 13 | Enter any other amounts included in line 11 paid, credited, or otherwise required to be distributed | 13 | <input type="text" value=""/> |
| 14 | Total distribution. Add lines 12 and 13 | 14 | <input type="text" value="10000"/> |
| 15 | Income distribution deduction. Enter the smaller of line 11 or line 14 here and on line 26 of Form 2 | 15 | <input type="text" value="10000"/> |

Part 4. Income distribution deduction — Part C 5.1% Capital Gains

| | | | |
|----|--|----|-------------------------------------|
| 16 | Total Part C 5.1% long-term capital gains. From line 33 of Form 2 | 16 | <input type="text" value="135000"/> |
| 17 | Enter the amount of total Part C 5.1% long-term capital gains included in line 16 required to be distributed currently | 17 | <input type="text" value="15000"/> |
| 18 | Enter any other amounts included in line 16 paid, credited, or otherwise required to be distributed | 18 | <input type="text" value=""/> |
| 19 | Total distributions. Add lines 17 and 18 | 19 | <input type="text" value="15000"/> |
| 20 | Income distribution deduction. Enter the smaller of line 16 or line 19 here and on line 34 of Form 2 | 20 | <input type="text" value="15000"/> |

NO FILING REQUIRED FOR SEPTEMBER 1, 2018
 SUBJECT TO CHANGE



Massachusetts Department of Revenue
Schedule H
Expenses and Fiduciary Compensation

2018

Name of estate or trust RORY GILMORE TRUST Estate or trust employer Identification number 043456789

Part 1. Expense Deduction Computation

For common trust fund income, see instructions for adjustments.

| | | |
|---|-----------|----------|
| 1a Amount paid this year for rentals of safe deposit boxes | 1a | 1000 |
| 1b Amount paid this year for premiums on surety bonds | 1b | 1000 |
| 1 Total expenses. Add lines 1a and 1b | 1 | 2000 |
| 2 Total taxable Part A income. Add Schedule B, line 36 and Form 2, lines 15 and 24 | 2 | 103500 |
| 3a Add Schedule B, lines 4, 12, 13 and 14, and Form 2, lines 15 and 24 | 3a | 120000 |
| 3b Common trust fund interest and dividend income included in Form 2, line 15 that is also included in Schedule B, line 4 | 3b | |
| 3c Massachusetts bank interest included in Schedule B, line 6 that is also included in Schedule B, line 4 | 3c | 1500 |
| 3d Add lines 3b and 3c | 3d | 1500 |
| 3 Total taxable and nontaxable Part A income. Subtract line 3d from 3a. Not less than "0" | 3 | 118500 |
| 4 Divide line 2 by line 3 and enter percentage | 4 | 0.870000 |
| 5 Multiply line 4 by line 1 and enter the result here and on Schedule B, line 37a. This is the maximum expense deduction allowed against Part A income | 5 | 1740 |

Part 2. Fiduciary Compensation Deduction Computation

| | | |
|---|-----------|----------|
| 6 Total fiduciary compensation paid | 6 | 3000 |
| 7 Total taxable 5.1% income from Form 2, line 7. Not less than "0" | 7 | 94791 |
| 8a Add Schedule B, lines 4, 12, 13 and 14, and Form 2, lines 15 and 24 | 8a | 120000 |
| 8b Common trust fund interest and dividend income included in Form 2, line 15 that is also included in Schedule B, line 4 | 8b | |
| 8c Massachusetts bank interest included in Schedule B, line 6 that is also included in Schedule B, line 4 | 8c | 1500 |
| 8d Add lines 8b and 8c | 8d | 1500 |
| 8 Total taxable and nontaxable Part A income. Subtract line 8d from 8a. Not less than "0" | 8 | 118500 |
| 9 Subtract Schedule D, line 11 from Schedule D, line 8 and add Form 2, line 32. Not less than "0" | 9 | 140000 |
| 10 Add lines 7, 8 and 9 | 10 | 353391 |
| 11 Divide line 8 by line 10 and enter percentage | 11 | 0.340000 |
| 12 Multiply line 11 by line 6 and enter the result here. This is the amount of fiduciary compensation actually paid on Part A income | 12 | 1020 |
| 13 Add Schedule B, line 36 and Form 2, lines 15 and 24 | 13 | 103500 |
| 14 Total taxable and nontaxable income. Enter the amount from line 8 above | 14 | 118500 |
| 15 Divide line 13 by line 14 and enter percentage | 15 | 0.870000 |
| 16 Multiply line 15 by line 12 | 16 | 887 |
| 17 Enter 7% of line 13 | 17 | 7245 |
| 18 Enter the lesser of line 16 or line 17 here and on Schedule B, line 37b. This is the maximum fiduciary compensation deduction allowed against Part A income | 18 | 887 |



Massachusetts Department of Revenue
Schedule 2K-1
Beneficiary's Massachusetts Information

2018

| | | | |
|--|--------------------|---|---|
| Name of estate or trust RORY GILMORE TRUST | | Estate or trust employer identification number 043 456789 | |
| Name of beneficiary RORY GILMORE | | Legal domicile (state) of beneficiary MA | Identification number of beneficiary 04 3456789 |
| Street address 1359 MAIN ST | | | |
| City/Town SAUGUS | State MA | Zip 01906 | |
| Name of fiduciary RORY GILMORE | | | |
| Street address 259 ESSEX ST | | | |
| City/Town SAUGUS | State MA | Zip 01906 | |
| In/care/of address | | | |
| City/Town | | State | Zip |

Fill in one only: Amended 2K-1 Final 2K-1

Percentage of beneficiary's taxable income

What type of entity is beneficiary?
 Individual Estate/trust Charitable organization Other

Fill in if beneficiary is a nonresident of Mass.

Allocable share item

| | a. Amount from federal 1041 allocable to this beneficiary | b. Massachusetts adjustments | c. Total amounts using Massachusetts law (see instructions) | d. Massachusetts source income (see instructions) |
|--|---|------------------------------|---|---|
| Part B income | ▼ Fill in oval if showing a loss | | | |
| 1 Wages, salaries, tips and other employee compensation | 25000 | | | 25000 |
| 2 Taxable pensions and annuities | 25001 | | | 25001 |
| 3 Business/profession or farm income or loss | 9190 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 9190 |
| 4 Rental, royalty and REMIC income or loss | 32500 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 32500 |
| 5 Massachusetts bank interest | 1500 | | | 1500 |
| 6 Other income, such as winnings, lump-sum distributions, etc. (itemize) | 1600 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 1600 |
| 7 Deductions allowed decedents | 8000 | | | 2000 |

Part A interest and dividend income

| | | | | |
|--|-------|--|--|-------|
| 8 Interest and dividend income (do not include income from common trust funds) | 38500 | | | 38500 |
| 9 Common trust fund interest and dividend income | | | | |

Part A capital gains

| | | | | |
|---|-------|--|--|-------|
| 10 Taxable Part A 12% capital gains (do not include income from common trust funds) | 47480 | | | 47480 |
| 11 Part A 12% short-term common trust fund capital gains | | | | |

Part C capital gains

| | | | | |
|--|--------|--|--|--------|
| 12 Part C 5.1% long-term capital gains (do not include income from common trust funds) | 125000 | | | 125000 |
| 13 Part C 5.1% long-term common trust fund capital gains | 10000 | | | 10000 |

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 SUBJECT TO CHANGE



Name of estate or trust

RORY GILMORE TRUST

Estate or trust employer identification number

043 456789

Allocable share item (cont'd)

| | a. Amount from federal 1041 allocable to this beneficiary | b. Massachusetts adjustments | c. Total amounts using Massachusetts law (see instructions) | d. Massachusetts source income (see instructions) |
|--|---|------------------------------|---|---|
| Credits and estimated tax payments | | | | |
| 14 Taxes paid to other jurisdictions..... 14 | | | | |
| 15 Lead Paint..... 15 | | | | |
| 16a Economic Opportunity Area..... 16a | | | | |
| 16b Economic Development Incentive Program..... 16b | | | | |
| Certificate number..... | | | | |
| 17 Brownfields..... 17 | | | | |
| Certificate number..... | | | | |
| 18 Low-Income Housing..... 18 | | | | |
| Building Identification number..... | | | | |
| 19 Historic Rehabilitation..... 19 | | | | |
| Certificate number..... | | | | |
| 20 Film Incentive..... 20 | | | | |
| Certificate number..... | | | | |
| 21 Medical Device..... 21 | | | | |
| Certificate number..... | | | | |
| 22 Employer Wellness Program..... 22 | | | | |
| Certificate number..... | | | | |
| 23 Farming and Fisheries..... 23 | | | | |
| 24 Senior Circuit Breaker..... 24 | | | | |
| 25 Solar/Wind..... 25 | | | | |
| 26 Septic..... 26 | | | | |
| 27 Certified Housing Development..... 27 | | | | |
| Certificate number..... | | | | |
| 28 Life Science Company..... 28 | | | | |
| 29 Veterans Hire..... 29 | | | | |
| Certificate number..... | | | | |
| 30 Low-Income Housing Donation..... 30 | | | | |
| Certificate number..... | | | | |
| 31 Estimated tax payments made on behalf of nonresident beneficiary by fiduciary..... 31 | | | | |
| 32 Refundable Film..... 32 | | | | |
| 33 Refundable Dairy..... 33 | | | | |
| Certificate number..... | | | | |
| 34 Refundable Conservation..... 34 | | | | |
| Certificate number..... | | | | |
| 35 Refundable Community Investment..... 35 | | | | |
| Certificate number..... | | | | |
| 36 Other payments (see instructions)..... 36 | | | | |

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SEPTEMBER 7, 2018



Massachusetts Department of Revenue

Schedule C-2

043456789

Excess Deductions Against Trade or Business Income

2018

Generally, taxpayers may not use excess 5.1% deductions to offset interest (other than from Massachusetts banks), dividends and capital gains income. However, where the taxpayer files a Massachusetts Schedule C or a Massachusetts Schedule E, Massachusetts law allows such offsets if the following requirements are met:

- the excess 5.1% deductions must be adjusted gross income deductions allowed under MGL Ch. 62, section 2(d); and

these excess deductions may only be used to offset income that is effectively connected with the active conduct of a trade or business or any income allowed under IRC § 469(d)(1)(B) to offset (losses) from passive activities.

To determine if you have excess deductions, complete lines 1 through 6. If line 6 is "0" or greater, you have no excess deductions. If line 6 is less than "0," you have excess deductions and should complete the remainder of Schedule C-2.

1 Total 5.1% income or (loss) (from Form 1, line 10; Form 1-NR/PY, line 12; Form NRCR, line 5a; or Form 2, line 7) 1 94791
2 5.1% interest exemption (total Massachusetts bank interest or the interest exemption amount, whichever is smaller, from Form 1, line 5a or line 5b; or Form 1-NR/PY, line 7a or line 7b) 2
3 Abandoned Building Renovation Deduction (from Schedule C, line 30; Schedule E, line 57; or Form 2, Schedule E, line 3) 3
4 Combine lines 1, 2 and 3 4 94791
5 Additional adjusted gross income deductions (from Form 1 or Form 1-NR/PY, Schedule Y, total of lines 1 through 10 and 18; or Form 2, line 8. See Form 2 instructions) 5 2000
6 Subtract line 5 from line 4 6 92791
7 If line 6 is "0" or greater, you have no excess deductions. Omit remainder of schedule. If line 6 is less than "0," enter in lines 7a and 7b any of the following amounts included in Schedule B, lines 10 through 12 of Forms 1, 1-NR/PY or MA NRCR; or Form 2, Schedule B, lines 12 through 14:
a 12% capital gains effectively connected with the active conduct of your trade or business (attach statement) 7a
b 12% capital gains from passive activities allowed to offset (losses) from passive activities in the current taxable year 7b
Add lines 7a and 7b 7
8 Allowable deduction. Enter the smaller of line 6 (considered as a positive amount) or line 7 here and in Schedule B, line 14 of Forms 1, 1-NR/PY or MA NRCR; or Form 2, Schedule B, line 16 8
9 Combine lines 6 and 8 9
10 If line 9 is "0" or greater, you have no excess deductions. Omit remainder of schedule. If line 9 is less than "0," enter in lines 10a and 10b any of the following amounts included in Schedule B, line 4:
a Interest (other than from Massachusetts banks) and dividends effectively connected with the active conduct of your trade or business (attach statement) 10a
b Interest (other than from Massachusetts banks) and dividends from passive activities allowed to offset (losses) from passive activities in the current taxable year 10b
Add lines 10a and 10b 10
11 Allowable deduction. Enter the smaller of line 9 (considered as a positive amount) or line 10 here and in Schedule B, line 8 of Forms 1, 1-NR/PY or MA NRCR; or Form 2, Schedule B, line 10 11
12 Combine lines 9 and 11 12
13 If line 12 is "0" or greater, you have no excess deductions. Omit remainder of schedule. If line 12 is less than "0," enter in lines 13a and 13b any of the following amounts included in Schedule D:
a Long-term capital gains effectively connected with the active conduct of your trade or business (attach statement) 13a
b Long-term capital gains from passive activities allowed to offset (losses) from passive activities in the current taxable year 13b
Add lines 13a and 13b 13
14 Allowable deduction. Enter the smaller of line 12 (considered as a positive amount) or line 13 here and in Schedule D, line 18 of Forms 1, 1-NR/PY or MA NRCR; or Form 2, Schedule D, line 17 14

COMPLETED AND FILED 12/18/18