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11		AREA RESERVED	· · · · · · · · · · · · · · · · · · ·
12	2020 Form 2		
13	XXXXXXXXXXXXX	FOR 2-D BARCODI	-
14	Massachusetts Fiduciary Income Tax Return		
15			
16	Year beginning XXXXXXXX Ending XXXXXXXX		
17			
18			
	NAMEOFESTATEORTRUSTXXXXXXXXXXXXXX	XXXXX ESTTRIDNOXX	
19			
20		YYYYY	
21		MNDACTALETCEVVVVV CT 7TD, CAU	DV
22		WNPOSTOFFICEXXXXXX ST ZIP+FOU	
23		WINFUSIUFFILEAAAAAA SI ZIP+FUU	KX :
24	FOREIGNSTATEXXXXXXXXXXX FOREIG		
25	Company account number XXXXXXXXXXX Date ent	ity created XXXXXXXX	
26			
27	Select applicable items: X Initial return X Final return		
28	X Nonresident beneficiaries listed on return X Decedent's	s estate X Simple trust X Complex trust	
29	X Guardianship/conservatorship X Trustee in bankruptcy	X Qualified funeral trust X Qualified Settlement Fund	
30	X Change in fiduciary's name X Change in fiduciary's ad	dress X Change in trust's name X Filing Schedule TDS	
31	Fill in if: X Amended return X Amended return due to	b federal change X You are a member of a lower-tier entity	
	Part B Income		
33	1. Wages, salaries, tips and other employee compensation	1	XXXXXXXXXXX
	 Taxable pensions and annuities 	2	XXXXXXXXXXX
34			VVVVVVVVVVV
35	3. Business/profession or farm income or loss	3	\land
36	4. Rental, royalty and REMIC income or loss		\land
37	5. Total Part B 5.0% interest from Massachusetts banks	5	$\land \land $
38	6. Other Part B 5.0% income	6 –	$\Lambda \Lambda \Lambda$
39	7. Total Part B 5.0% income. Add lines 1 through 6	7 –	
40	8. Deductions allowed decedents		XXXXXXXXXXXX
41	9. Total Part B 5.0% income less deductions allowed decedents. S		XXXXXXXXXXXXX
42	10. Income distribution deduction	10	XXXXXXXXXXXX
43	SIGN HERE. Under penalties of perjury, I declare that to the best of	of my knowledge and belief this return and enclosures are tr	ue, correct and complete.
44	Signature of fiduciary Date	Print paid preparer's name Paid preparer's	SSN or PTIN
45	XXXXXXXXX	XXXXXXX	XXXX
46		Paid preparer's phone Paid preparer's	
40			
	May the Department of Revenue discuss this return with the preparer s		
48			Chock if colf omployed
49		Paid preparer's signature Date XXXXXXX	Check if self-employed
50			
51			t
52	Name of designated tax matters partner	Identifying number of tax matters partner	
53	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	
54			
55	PRIVACY ACT N	DTICE AVAILABLE UPON REQUEST	
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	XXXXXXXXXXXX F	OR 2-D BAR	COI	DE			
Ма	assachusetts Fiduciary Income Tax Return						
N	assachusetts Fiduciary Income Tax Return AMEOFESTATEORTRUSTXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	IDNOXX					
11.	Part B 5.0% income taxable to fiduciary. Subtract line 10 from line 9. Not less than "0"		11	XXXX	ХХХ	XXX	XX
12.	Nonresident/charitable deduction. Not less than "0."		12	XXXX			XX
	Net Part B 5.0% income taxable to fiduciary. Subtract line 12 from line 11. Not less than "	0"	13	XXXX			χХ
							Ť
Parl	t A Interest and Dividend Income						
	Part A 5.0% interest and dividend income		14	XXXX	ххх	XXX	χх
15.	Part A 5.0% common trust fund interest and dividend income		15	XXXX		XXX	ХX
16.	Total Part A 5.0% interest and dividend income. Add lines 14 and 15		16	XXXX			ХX
			17	XXXX			ΧX
	Part A 5.0% interest and dividend income taxable to fiduciary. Subtract line 17 from line 1	6 Not loss than "0"	18	XXXX			χx
		0. NOLIESS LITATI U	19	XXXX			Ŷ
19.		no 10. Not loss than "0"		XXXX			ŶŶ
20.	Net Part A 5.0% interest and dividend income taxable to fiduciary. Subtract line 19 from li	ne 18. Not less than 0	20	XXXX			ŶŶ
21.	Net Part A and Part B 5.0% income taxable to fiduciary. Add lines 13 and 20		21	XXXX			$\hat{\mathbf{v}}$
22.	Тах		22	~~~~	~~^		~^
Dari	A 12% Capital Gaine						
	t A 12% Capital Gains		-	vvvv	vvv	vvv	vv
23.	1 5		23		$\mathcal{N}\mathcal{N}\mathcal{N}$		
	Part A 12% short-term common trust fund capital gains		24		$\mathcal{N}\mathcal{N}\mathcal{N}$		\odot
25.	Total Part A 12% capital gains. Add lines 23 and 24		25		$\mathcal{N}\mathcal{N}\mathcal{N}$		\odot
26.	Income distribution deduction		26	XXXX			ŶŶ
27.	Part A 12% capital gains taxable to fiduciary. Subtract line 26 from line 25. Not less than	'0"	27	XXXX	$\dot{\mathbf{v}}$		$\frac{1}{2}$
28.	Nonresident/charitable deduction. Not less than "0"		28		XXX	XXX	ŶŶ
29.	Net Part A 12% capital gain income taxable to fiduciary. Subtract line 28 from line 27. No	t less than "0"	29		XXX	XXX	XX
30.	12% tax		30	XXXX	XXX	XXX	ХХ
ar	t C 5.0% Capital Gains						
31.	Part C 5.0% long-term capital gains Not less than "0." If filing Schedule D-IS, Installment	Sales, fill in X	31	XXXX	XXX	XXX	ХХ
32.	Part C 5.0% long-term common trust fund capital gains		32	XXXX	XXX	XXX	ХХ
33.	Total Part C 5.0% long-term capital gains. Add lines 31 and 32		33	XXXX	XXX	XXX	ХΧ
34.	Income distribution deduction		34	XXXX	XXX	XXX	X)
35.	Part C 5.0% long-term capital gains taxable to fiduciary. Subtract line 34 from line 33. No	t less than "0"	35	XXXX	ХХХ	XXX	XX
36.	Nonresident/charitable deduction. Not less than "0."		36	XXXX	ХХХ	XXX	XX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxx	хххх	XXXXX	ххх		
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	x x x X X X / X /		/ \/ \/ \		

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	2020 Fo	orm 2, pe	a. 3				AR	EA R	ESE		:D			
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Ν	Massachus	etts Fiduciary	√ Income ⁻	Tax Return										
N	VAMEOF	ESTATEOF	RUST	ϓΧΧΧΧΧ	(XXXXXX	XXXX E	STTRID	IOXX						
T														
37	7 Net Part (C 5.0% long-terr	m canital na	in income taxal	ble to fiduciary	Subtract line	36 from line 3	5 Not less	than "O"	37	XXX	$(\mathbf{X}\mathbf{X})$	хххх	ххх
38		art C 5.0% long-ten			Je to nucually.			. NOLIC35		38	XXX	XXX	XXXX	XXX
39		apture (from Cr		-						39	XXX	XX	XXXX	XXX
40		tax on installm								39 40	XXY	XX	XXXX	XXX
40		Add lines 22, 30		rough 40						40	XXY	XX	XXXX	ŶŶŶ
42		income taxes d		-	aclose Schedul					42	XXX	χχ	XXXX	XXX
43		dits (from Credit			ICIOSE SCHEUUI	e 030)				42	XXX	XXX	XXXX	ŶŶŶ
44		lits. Add lines 42	-	criedule)						43	XXX	XXX	XXXX	ŶŶŶ
45		assed through to		oo oo Sobodula	20 2K 1					44	ŶŶ	XXX	XXXX	ŶŶŶ
4		maining with fid								45 46	ŶŶ	XXX	XXXX	ŶŶŶ
40		credits. Subtrac			111111111111111111111111111111111111111					40	ŶŶ	XXX	XXXX	ŶŶŶ
4		i Return Only.			roturn Not los	a than 0				47	ŶŶ	XXX	XXXX	ŶŶŶ
		credits and over								40	ŶŶ	XXX	XXXX	ŶŶŶ
49		isetts income ta		Jili oliginai letu	III. Aud lines 4	7 di lu 40				49 50	ŶŶ	XXX	XXXX	ŶŶŶ
50)20 optimated t	0Y					50	ŶŶ	XXX	XXXX	ŶŶŶ
51 52		payment applie sachusetts estii			28					52	XXX	XXX	XXXX	ŶŶŶ
53		made with exte		ayments						53	XX	XXX	XXXX	ŶŶŶ
	-	with original retu								53 54	ŶŶ	XXX	XXXX	ŶŶŶ
54				agar Sabadula)							ŶŶ	XXX	XXXX	ŶŶŶ
55 56		le credits (from								55 56	ŶŶ	XXX	XXXX	ŶŶŶ
		payments. Add nent Subtract lin		-						50 57	ŶŶ	XXX	XXXX	ŶŶŶ
57 58		f overpayment y			01 estimated t	tovoo				57	ŶŶ	ŶŶŶ	ŶŶŶŶ	ŶŶŶ
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59		f your refund. S				nov/dev/neve	line			59 60			ŶŶŶŶ	$\hat{\mathbf{v}}\hat{\mathbf{v}}\hat{\mathbf{v}}$
60	Interest	Subtract line 56		ty XXXX	TWWW.mass.	Jov/dor/payor	iline.	(Y Y F	X enclos		~~/	(////	~~~~	
	Interest		Y Perlan		VVVV IVI-22	210F ami. /								
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		XXXXXXX	XXXXX	XXXXXXX	(XXXXXX	(Y)	ххххх	(XXXXX			XXXX		XX	
			WWWW									~~~		