

Interest from corporate bonds or notes

Other interest income

Signature of fiduciary

Non-Massachusetts state and municipal bond interest

XXXXXXX Ending XXXXXXX

AREA RESERVED FOR 2-D BARCODE

Paid preparer's SSN or PTIN

NAMEOFGRANTORBENEFICIARYXXXXXXXXXXXX GRANTORIDNO
LEGALDOMICILEOFGRANTORBE
MAILINGADDRESSOFGRANTORX CITYTOWNPOSTOFFICEXXXXXXX ST ZIP+FOURX
NAMEOFFIDUCIARYXXXXXXXX
TITLEOFFIDUCIARYXXXXXXX
NAMEOFENTITYXXXXXXXXXXXX ENTITYIDNOX Select type of ID no X FID X SSN/ITIN
INCAREOFXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MAILINGADDRESSOFFIDUCIAR CITYTOWNPOSTOFFICEXXXXXXX ST ZIP+FOURX
Company account number XXXXXXXXXX Date entity created MMDDYYYY
Select applicable items: X Grantor-type trust X Pooled income fund X Charitable remainder annuity trust
X Charitable remainder unitrust X Amended X Amended return due to federal change X Filing Schedule TDS X Other
X Final 2G return

Interest from U.S. obligations 5. Short-term capital gains

Print paid preparer's name

Short-term capital losses 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.

Date

	XXXXXXXX	XXXXXXXXXX	
Title	Date Paid preparer's phone XXXXXXXX	Paid preparer's EIN XXXXXXXXXXXX	
	Paid preparer's signature	Date Check if self-employed	
Fill in if the Department of D	avanua may discuss this raturn with the proparer shown here.	<i>XXXXXXX</i> X	

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2020 Form 2G, pg. 2

 Grantor's/Owner's Share of a Grantor-Type Trust

AREA RESERVED FOR 2-D BARCODE

N.	AMETITLEOFGRANTORBENEFICIARYXXXXXXX GRANTORIDNO				
	AMEOFENTITYXXXXXXXXXXXX ENTITYIDNOX				
8.	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for		VVVVVVVVVVV		
	one year or less	8	XXXXXXXXXXX		
9.	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for		-XXXXXXXXXXXX		
10	one year or less	9 10	-XXXXXXXXXXXXX		
11.	Long-term capital gains or losses Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II	11			
12.		12	XXXXXXXXXXXX		
13.		13	-XXXXXXXXXXXXX		
14.		14	-XXXXXXXXXXXXXX		
15.		15	XXXXXXXXXXXXX		
16.		16	-XXXXXXXXXXXXXX		
17.		17	-XXXXXXXXXXXXXXX		
18.	Partnership or S corporation income or loss	18	-XXXXXXXXXXXXXXX		
19.		19	XXXXXXXXXXXX		
20.		20	-XXXXXXXXXXXXX		
21.		21	-XXXXXXXXXXXXX		
22.		22	XXXXXXXXXXXX		
23.	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding	23	XXXXXXXXXXXX		
24.	Massachusetts income tax paid by trustee. Add lines 22 and 23. Grantor or beneficiary enter this amount on				
	Form 1, line 38 or Form 1-NR/PY, line 42	24	XXXXXXXXXXX		
	BE SURE TO SIGN RETURN ON PAGE 1				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
		//////////////////////////////////////	WWWWWW		

06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80