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10					10		
11	2023 Form 2G		AREA	RESERVED	11		
12			FOP 0		. 12		
13	XXXXXXXXXXXX		FUR 2-	D BARCODE	13		
14	Grantor's/Owner's Share of a Grant	or-Type Trust			14		
15					15		
16	Year beginning XXXXXXXX Ending XX	(XXXXX			16		
17					17		
18					18		
19	NAMEOFGRANTORBENEFIC	JIARYXXXXXXXXXXX	KXX GRANTORIDNO		19		
20	LEGALDOMICILEOFGRANT	ΓORBE			20		
21	MAILINGADDRESSOFGRAN	NTORX CITYTOWN	POSTOFFICEXXXXX	X ST ZIP+FOUR	X 21		
22	NAMEOFFIDUCIARYXXXXX	(XXXX			22		
23	TITLEOFFIDUCIARYXXXX	(XXXX			23		
24	NAMEOFENTITYXXXXXXXXX	XXXX ENTITYTDI	NOX Select type of ID no X	FID X SSN/ITIN	24		
25	INCAREOFXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XX		25		
26	MAILINGADDRESSOFFIDU	JCTAR CTTYTOWN	POSTOFFICEXXXXX	X ST 7TP+FOLIR			
27	Company account number XXXXXX		h ah alb lib ch ch ch c		27		
28	Fill in all that apply: X Grantor		X Federal amendr	mont	28		
	X Charitable remainder annuity trust	X Final 2G ret		n due to IRS BBA Partnershi			
29	X Charitable remainder unitrust						
30		X Amended re	eturn X Filing Schedule	105	30		
31	X Pooled income fund			. v	VVVVVVVVVVV		
32	1. Dividends			1 X	AAAAAAAAAA 32		
33	2. Interest from corporate bonds or notes			2 X	XXXXXXXXXXX 33		
34	3. Non-Massachusetts state and municipa	al bond interest		3 X	XXXXXXXX 34		
35	4. Other interest income			4 X	XXXXXXXXX 35		
36	Interest from U.S. obligations			5 X	XXXXXXXXXX 36		
37	6. Short-term capital gains			6 X	XXXXXXXXXX 37		
38	7. Short-term capital losses			7 –X	XXXXXXXXXX 38		
39	SIGN HERE. Under penalties of perjury, I dec	clare that to the best of my kr	nowledge and belief this return	n and enclosures are true, o	correct and complete.		
40					40		
41	Signature of fiduciary	Date Print	paid preparer's name	Paid preparer's S	SN or PTIN 41		
42		XXXXXXX		XXXXXXXX	XXX 42		
43	Title		preparer's phone	Paid preparer's El			
44				XXXXXXXX	XXX 44		
45					45		
46		Paid	preparer's signature	Date	Check if self-employed 46		
47		i alu j	sioparoi o oignaturo	XXXXXXXX			
	Fill in if the Department of Revenue may discu	use this return with the prepare	r shown here X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	47		
48	I iii iii ii iiie Departificiii of Neveriue Iliay discu	and return with the prepare	I SHOWITHERE /\				
49		DDIVACY ACT MOTICE	AVAILABLE LIBON DECLICO	-	49		
50	PRIVACY ACT NOTICE AVAILABLE UPON REQUEST						
51					51		
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61	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXX			
62					62		
20							

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2023 Form 2G, pg. 2

AREA RESERVED FOR 2-D BARCODE

Gr	antor's/Owner's Share of a Grantor-Type Trust		
N/ N/	AMETITLEOFGRANTORBENEFICIARYXXXXXXX GRANTORIDNO AMEOFENTITYXXXXXXXXXXXX ENTITYIDNOX		
	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for 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		
	one year or less	9	-XXXXXXXXXXXXX
10.	Long-term capital gains or losses	10	-XXXXXXXXXXXXX
11.	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II	11	-XXXXXXXXXXXXX
12.	Long-term gains on collectibles and pre-1996 installment sales	12	XXXXXXXXXXXX
13.	Short-term capital gain or loss differences	13	-XXXXXXXXXXXXX
14.	Long-term capital gain or loss differences	14	-XXXXXXXXXXXXX
15.	Massachusetts bank interest	15	XXXXXXXXXXXX
16.	Net rental and royalty income or loss	16	-XXXXXXXXXXXXXX
17.	Business/profession or farm income or loss	17	-XXXXXXXXXXXXX
18.	Partnership or S corporation income or loss	18	-XXXXXXXXXXXXX
19.	Other income	19	XXXXXXXXXXXX
20.	Short-term carryover losses	20	-XXXXXXXXXXXXX
1.	Other adjustments	21	-XXXXXXXXXXXXX
2.	Massachusetts income tax withheld	22	XXXXXXXXXXXX
3.	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding	23	XXXXXXXXXXXX
24.			VVVVVVVVVVVVV
	Form 1, line 38c or Form 1-NR/PY, line 42c	24	XXXXXXXXXXXX
25.	Amount of ch 63D Entity-Level Tax paid by electing entity on behalf of this grantor or beneficiary	25	XXXXXXXXXXX
	Total paid XXXXXXXXXXX ID number FEDERALIDNO		
	BE SURE TO SIGN RETURN ON PAGE 1		
T	•	XXXXXX	(XXXXXXXX
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Ī	• XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	(XXXXXXXX

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