



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

Calendar year filers enter 01-01-2023 and 12-31-2023 below; fiscal year filers enter appropriate dates Tax year beginning Tax year ending

NAME OF GRANTOR/BENEFICIARY

GRANTOR'S/OWNER'S IDENTIFICATION NUMBER

LEGAL DOMICILE OF GRANTOR/BENEFICIARY

MAILING ADDRESS OF GRANTOR/BENEFICIARY

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

NAME OF FIDUCIARY

TITLE OF FIDUCIARY

NAME OF ENTITY

ENTITY'S IDENTIFICATION NUMBER

C/O

FILL IN TYPE OF IDENTIFICATION NUMBER: Federal ID number Social Security/ITIN

MAILING ADDRESS OF FIDUCIARY

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

Company account number

Date entity created

- Fill in all that apply: Grantor-type trust, Charitable remainder annuity trust, Charitable remainder unitrust, Pooled income fund, Other, Final 2G return, Amended return, Federal amendment, Amended return due to IRS BBA Partnership Audit, Filing Schedule TDS

Table with 3 columns: Line number, Description, Amount. Lines 1-7 for Dividends, Interest, Capital Gains/Losses.

DECLARATION. 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 and contact information fields for the preparer: SIGNATURE OF FIDUCIARY, DATE, PRINT PAID PREPARER'S NAME, PAID PREPARER'S SSN OR PTIN, TITLE, DATE, PAID PREPARER'S PHONE, PAID PREPARER'S EIN, MAY DOR DISCUSS THIS RETURN WITH THE PREPARER?, PAID PREPARER'S SIGNATURE, DATE, IS PAID PREPARER SELF-EMPLOYED?

