

AREA RESERVED FOR 2-D BARCODE

2019 Form 2

XXXXXXXXXXXXXX

Massachusetts Fiduciary Income Tax Return

Year beginning XXXXXXXX Ending XXXXXXXX

NAME OF STATE OR TRUSTXXXXXXXXXXXXXXXXXXXX ESTTRIDNOXX
NAME OF FIDUCIARYXXXXXXXXXXXXXXXXXXXX
TITLE OF FIDUCIARYXXXXXXXXXXXXXXXXXXXX
MAILING ADDRESS OF FIDUCIARY CITY TOWN POST OFFICE XXXXXX ST ZIP+FOURX
IN CARE OFXXXXXXXXXXXXXXXXXXXX CITY TOWN POST OFFICE XXXXXX ST ZIP+FOURX
FOREIGN STATEXXXXXXXXXXXX FOREIGN COUNTRYXXXXXXXXXXXX
Company account number XXXXXXXXXX Date entity created XXXXXXXX

Select applicable items: Initial return Final return Resident estate or trust Nonresident estate or trust
 Nonresident beneficiaries listed on return Decedent's estate Simple trust Complex trust
 Guardianship/conservatorship Trustee in bankruptcy Qualified funeral trust Qualified Settlement Fund Change in fiduciary
 Change in fiduciary's name Change in fiduciary's address Change in trust's name Filing Schedule TDS
Fill in if: Amended return Amended return due to federal change You are a member of a lower-tier entity

Part B Income

- 1. Wages, salaries, tips and other employee compensation 1 XXXXXXXXXXXXXXX
- 2. Taxable pensions and annuities 2 XXXXXXXXXXXXXXX
- 3. Business/profession or farm income or loss 3 -XXXXXXXXXXXXXXXX
- 4. Rental, royalty and REMIC income or loss 4 -XXXXXXXXXXXXXXXX
- 5. Total Part B 5.05% interest from Massachusetts banks 5 XXXXXXXXXXXXXXX
- 6. Other Part B 5.05% income 6 -XXXXXXXXXXXXXXXX
- 7. Total Part B 5.05% income. Add lines 1 through 6 7 -XXXXXXXXXXXXXXXX
- 8. Deductions allowed decedents 8 XXXXXXXXXXXXXXX
- 9. Total Part B 5.05% income less deductions allowed decedents. Subtract line 8 from line 7 9 -XXXXXXXXXXXXXXXX
- 10. Income distribution deduction 10 XXXXXXXXXXXXXXX

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 Date XXXXXXXX Print paid preparer's name Paid preparer's SSN or PTIN XXXXXXXXXXXXXXX
Title Paid preparer's phone Paid preparer's EIN XXXXXXXXXXXXXXX
May the Department of Revenue discuss this return with the preparer shown here? Yes
Paid preparer's signature Date XXXXXXXX Check if self-employed

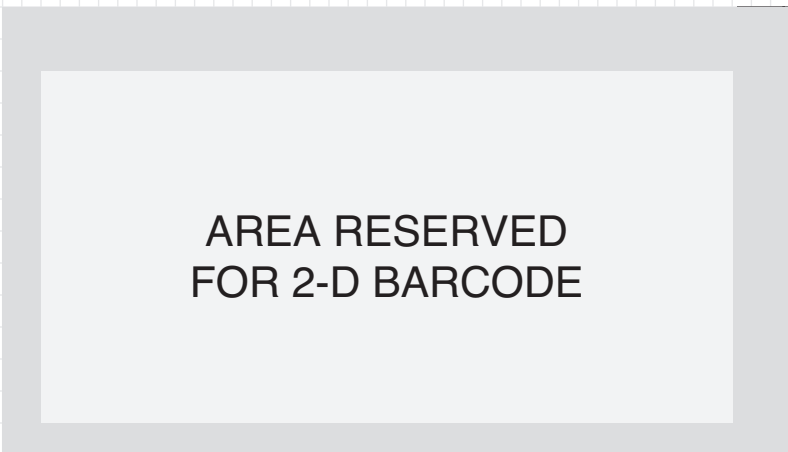
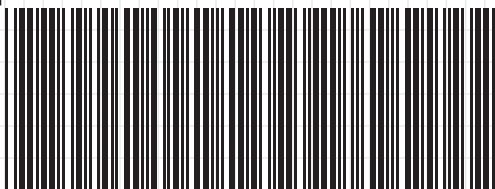
Name of designated tax matters partner Identifying number of tax matters partner
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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Massachusetts Fiduciary Income Tax Return

NAMEOFESTATEORTRUSTXXXXXXXXXXXXXXXXXXXX ESTTRIDNOXX

- 11. Part B 5.05% income taxable to fiduciary. Subtract line 10 from line 9. Not less than "0" 11 XXXXXXXXXXXXXXXX
- 12. Nonresident/charitable deduction. Not less than "0." 12 XXXXXXXXXXXXXXXX
- 13. Net Part B 5.05% income taxable to fiduciary. Subtract line 12 from line 11. Not less than "0" 13 XXXXXXXXXXXXXXXX

Part A Interest and Dividend Income

- 14. Part A 5.05% interest and dividend income 14 XXXXXXXXXXXXXXXX
- 15. Part A 5.05% common trust fund interest and dividend income 15 XXXXXXXXXXXXXXXX
- 16. Total Part A 5.05% interest and dividend income. Add lines 14 and 15 16 XXXXXXXXXXXXXXXX
- 17. Income distribution deduction 17 XXXXXXXXXXXXXXXX
- 18. Part A 5.05% interest and dividend income taxable to fiduciary. Subtract line 17 from line 16. Not less than "0" 18 XXXXXXXXXXXXXXXX
- 19. Nonresident/charitable deduction. Not less than "0." 19 XXXXXXXXXXXXXXXX
- 20. Net Part A 5.05% interest and dividend income taxable to fiduciary. Subtract line 19 from line 18. Not less than "0" 20 XXXXXXXXXXXXXXXX
- 21. Net Part A and Part B 5.05% income taxable to fiduciary. Add lines 13 and 20 21 XXXXXXXXXXXXXXXX
- 22. Tax 22 XXXXXXXXXXXXXXXX

Part A 12% Capital Gains

- 23. Taxable Part A 12% capital gains. Not less than "0" 23 XXXXXXXXXXXXXXXX
- 24. Part A 12% short-term common trust fund capital gains 24 XXXXXXXXXXXXXXXX
- 25. Total Part A 12% capital gains. Add lines 23 and 24 25 XXXXXXXXXXXXXXXX
- 26. Income distribution deduction 26 XXXXXXXXXXXXXXXX
- 27. Part A 12% capital gains taxable to fiduciary. Subtract line 26 from line 25. Not less than "0" 27 XXXXXXXXXXXXXXXX
- 28. Nonresident/charitable deduction. Not less than "0" 28 XXXXXXXXXXXXXXXX
- 29. Net Part A 12% capital gain income taxable to fiduciary. Subtract line 28 from line 27. Not less than "0" 29 XXXXXXXXXXXXXXXX
- 30. 12% tax 30 XXXXXXXXXXXXXXXX

Part C 5.05% Capital Gains

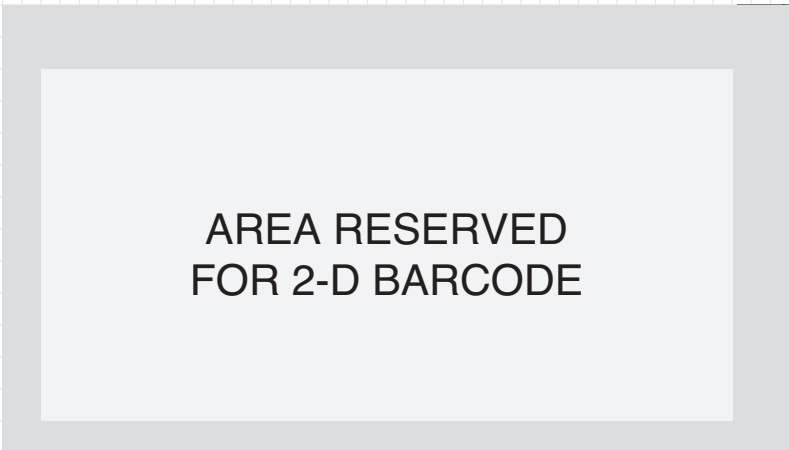
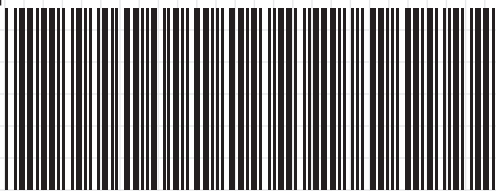
- 31. Part C 5.05% long-term capital gains Not less than "0." If filing Schedule D-IS, Installment Sales, fill in X 31 XXXXXXXXXXXXXXXX
- 32. Part C 5.05% long-term common trust fund capital gains 32 XXXXXXXXXXXXXXXX
- 33. Total Part C 5.05% long-term capital gains. Add lines 31 and 32 33 XXXXXXXXXXXXXXXX
- 34. Income distribution deduction 34 XXXXXXXXXXXXXXXX
- 35. Part C 5.05% long-term capital gains taxable to fiduciary. Subtract line 34 from line 33. Not less than "0" 35 XXXXXXXXXXXXXXXX
- 36. Nonresident/charitable deduction. Not less than "0." 36 XXXXXXXXXXXXXXXX

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37.	Net Part C 5.05% long-term capital gain income taxable to fiduciary. Subtract line 36 from line 35. Not less than "0"	37	XXXXXXXXXXXXXX
38.	Tax on Part C 5.05% long-term capital gains.	38	XXXXXXXXXXXXXX
39.	Credit recapture (from Credit Recapture Schedule)	39	XXXXXXXXXXXXXX
40.	Additional tax on installment sale	40	XXXXXXXXXXXXXX
41.	Total tax. Add lines 22, 30 and 38 through 40	41	XXXXXXXXXXXXXX
42.	Credit for income taxes due to other jurisdictions (enclose Schedule OJC)	42	XXXXXXXXXXXXXX
43.	Other credits (from Credit Manager Schedule)	43	XXXXXXXXXXXXXX
44.	Total credits. Add lines 42 and 43	44	XXXXXXXXXXXXXX
45.	Credits passed through to beneficiaries on Schedules 2K-1	45	XXXXXXXXXXXXXX
46.	Credits remaining with fiduciary. Subtract line 45 from line 44	46	XXXXXXXXXXXXXX
47.	Tax after credits. Subtract line 46 from line 41	47	XXXXXXXXXXXXXX
48.	Amended Return Only. Overpayment from original return. Not less than 0	48	XXXXXXXXXXXXXX
49.	Tax after credits and overpayment from original return. Add lines 47 and 48	49	XXXXXXXXXXXXXX
50.	Massachusetts income tax withheld	50	XXXXXXXXXXXXXX
51.	2018 overpayment applied to your 2019 estimated tax	51	XXXXXXXXXXXXXX
52.	2019 Massachusetts estimated tax payments	52	XXXXXXXXXXXXXX
53.	Payments made with extension	53	XXXXXXXXXXXXXX
54.	Payment with original return	54	XXXXXXXXXXXXXX
55.	Refundable credits (from Credit Manager Schedule)	55	XXXXXXXXXXXXXX
56.	Total tax payments. Add lines 50 through 55	56	XXXXXXXXXXXXXX
57.	Overpayment Subtract line 49 from line 56	57	XXXXXXXXXXXXXX
58.	Amount of overpayment you want applied to your 2020 estimated taxes	58	XXXXXXXXXXXXXX
59.	Amount of your refund. Subtract line 58 from line 57	59	XXXXXXXXXXXXXX
60.	Tax due. Subtract line 56 from line 49. Pay online at www.mass.gov/dor/payonline.	60	XXXXXXXXXXXXXX

Interest XXXXXXXX Penalty XXXXXXXX M-2210F amt. XXXXXXXX X EX enclose Form M-2210F

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