		AREA	RESERVED	
2021 Form 2				
XXXXXXXXXXXXX		FOR 2-1	D BARCODE	_
Massachusetts Fiducia	ry Income Tax Return			
VVVVVV	v			
Year beginning AAAAAA	Ending XXXXXXX			
NAMEOFESTATEO	RTRUSTXXXXXXXXXXXXXXXXX	XXXX FSTTRTDNOXX		
NAMEOFFIDUCIA	RYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX		
TITLEOFFIDUCI	ARYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX		
MAILINGADDRES	SOFFIDUCIAR CITYTOWN	NPOSTOFFICEXXXXXX	X ST ZIP+FOUR	X
INCAREOFXXXXX	XXXXXXXXXXX CITYTOWN	NPOSTOFFICEXXXXXX	X ST ZIP+FOUR	X
FOREIGNSTATEX		COUNTRYXXXXXXXXXXXX	X	
Company account numb	per XXXXXXXXXXX Date entity of	created XXXXXXXX		
	V		V	
	X Initial return X Final return		X Nonresident estate or	trust
Nonresident beneficiarie	es listed on return X Decedent's estate		X Complex trust	
	orship X Trustee in bankruptcy X C	Qualified funeral trust 🔥 Quali		Change in fiduciary
X Change in fiduciary's na		Change in trust's name	X Filing Schedule TDS	
X Amended return	X Amended return due to federal chan X Enclosing Schedule DRE		7	
	n- Pass-through entity has elected to pay tax			apha) X
Total amount paid	11-1 ass-tillough entity has elected to pay tax	at the entity level pursuant to Mac	X X	XXXXXXXXXXX
Part B Income				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	d other employee compensation		1 X	XXXXXXXXXX
2. Taxable pensions and a			2 X	XXXXXXXXXX
3. Business/profession or			3 -X	XXXXXXXXXX
4. Rental, royalty and REN	IIC income or loss		4 –X	XXXXXXXXXXX
5. Total Part B 5.0% intere	st from Massachusetts banks		5 X	XXXXXXXXXXX
6. Other Part B 5.0% incom			6 -X	XXXXXXXXXXX
	ne. Add lines 1 through 6		7 -X	XXXXXXXXXXX
8. Deductions allowed ded			8 X	XXXXXXXXXXX VVVVVVVVVVVV
	le less deductions allowed decedents. Subtraction	ract line 8 from line 7	9 -^	^^^^^^^
10. Income distribution ded		my knowledge and helief this	In and analogues are true	AAAAAAAAAAA
Signature of fiduciary	of perjury, I declare that to the best of r Date Prir	ny knowledge and bellef this retu nt paid preparer's name	irn and enclosures are tru Paid preparer's P	
Signature of fluuciary	XXXXXXXX	ni paiu preparer s name	XXXXXXXX	
Title		d preparer's phone	Paid preparer's E	
110	1 ar	a proparor o priorio	XXXXXXXX	XXX
May the Department of Reven	ue discuss this return with the preparer show	wn here? X Yes	7000000	
		d preparer's signature	Date	Check if self-employed
			XXXXXXXX	
		Identifying number of	f tax matters partner	
Name of designated tax matte	XXXX	XXXXXXXXX	(
Name of designated tax matte				
	PRIVACY ACT NOTI	ICE AVAILABLE UPON REQUEST		
	PRIVACY ACT NOT	ICE AVAILABLE UPON REQUEST		1
L_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
L_	PRIVACY ACT NOTI		xxxxxxxxxx	XXXXXX



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

62



2021 Form 2, pg. 3 XXXXXXXXXXXX

 Massachusetts Fiduciary Income Tax Return

AREA RESERVED FOR 2-D BARCODE

		VVVVVVVVVVVVVV
37. Net Part C 5.0% long-term capital gain income taxable to fiduciary. Subtract line 36 from line 35. Not less than "0"	37	XXXXXXXXXXXX
38. Tax on Part C 5.0% long-term capital gains.	38	XXXXXXXXXXXX
39. Credit recapture (from Credit Recapture Schedule)	39	XXXXXXXXXXXX
40. Additional tax on installment sale	40	XXXXXXXXXXXX
41. Total tax. Add lines 22, 30 and 38 through 40	41	XXXXXXXXXXXX
42. Credit for income taxes due to other jurisdictions (enclose Schedule OJC)	42	XXXXXXXXXXXX
43. Other credits (from Credit Manager Schedule)	43	XXXXXXXXXXXX
44. Total credits. Add lines 42 and 43	44	XXXXXXXXXXXX
45. Credits passed through to beneficiaries on Schedules 2K-1	45	XXXXXXXXXXXX
46. Credits remaining with fiduciary. Subtract line 45 from line 44	46	XXXXXXXXXXXX
47. Tax after credits. Subtract line 46 from line 41	47	XXXXXXXXXXXX
48. Amended Return Only. Overpayment from original return. Not less than 0	48	XXXXXXXXXXXX
49. Tax after credits and overpayment from original return. Add lines 47 and 48	49	XXXXXXXXXXXX
50. Massachusetts income tax withheld	50	XXXXXXXXXXXX
51. 2020 overpayment applied to your 2021 estimated tax	51	XXXXXXXXXXXX
52. 2022 Massachusetts estimated tax payments	52	XXXXXXXXXXXX
53. Payments made with extension	53	XXXXXXXXXXXX
54. Payment with original return	54	XXXXXXXXXXXX
55. Refundable credits (from Credit Manager Schedule)	55	XXXXXXXXXXXX
56. Refundable credit allowed decedent	56	XXXXXXXXXXXX
57. Total tax payments. Add lines 50 through 56	57	XXXXXXXXXXXX
58. Overpayment Subtract line 49 from line 57	58	XXXXXXXXXXXX
59. Amount of overpayment you want applied to your 2022 estimated taxes	59	XXXXXXXXXXXX
60. Amount of your refund. Subtract line 59 from line 58	60	XXXXXXXXXXXX
61. Tax due. Subtract line 57 from line 49. Pay online at www.mass.gov/dor/payonline.	61	XXXXXXXXXXXX
Interest XXXXXXXX Penalty XXXXXXXX M-2210F amt. XXXXXXXX X EX enclose	ie.	