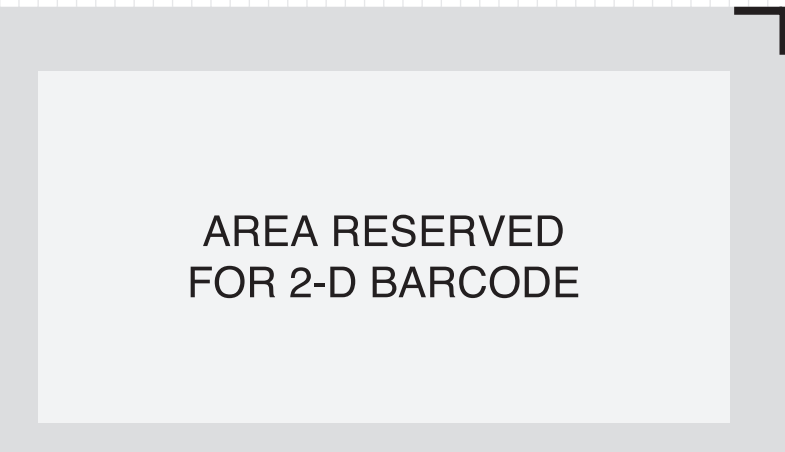
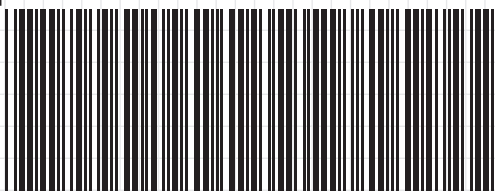
				
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12		2021 Form 2G				
13		XXXXXXXXXXXXXX				
14		Grantor's/Owner's Share of a Grantor-Type Trust				
15						
16		Year beginning	XXXXXXXXXX	Ending	XXXXXXXXXX	
17						
18						
19		NAMEOFGRANTORBENEFICIARYXXXXXXXXXXXXX GRANTORIDNO				
20		LEGALDOMICILEOFGRANTORBE				
21		MAILINGADDRESSOFGRANTORX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX				
22		NAMEOFFIDUCIARYXXXXXXXXXX				
23		TITLEOFFIDUCIARYXXXXXXXXX				
24		NAMEOFENTITYXXXXXXXXXXXXX ENTITYIDNOX		Select type of ID no X FID X SSN/ITIN		
25		INCAREOFXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
26		MAILINGADDRESSOFFIDUCIAR CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX				
27		Company account number	XXXXXXXXXXXXX	Date entity created	MMDDYYYY	
28		Fill in all that apply: X Grantor-type trust X Pooled income fund X Charitable remainder annuity trust				
29		X Amended	X Federal amendment	X Charitable remainder unitrust	X Filing Schedule TDS	
30		X Amended return due to IRS BBA Partnership Audit	X Other	X Final 2G return		
31		1. Dividends		1	XXXXXXXXXXXXXX	
32		2. Interest from corporate bonds or notes		2	XXXXXXXXXXXXXX	
33		3. Non-Massachusetts state and municipal bond interest		3	XXXXXXXXXXXXXX	
34		4. Other interest income		4	XXXXXXXXXXXXXX	
35		5. Interest from U.S. obligations		5	XXXXXXXXXXXXXX	
36		6. Short-term capital gains		6	XXXXXXXXXXXXXX	
37		7. Short-term capital losses		7	-XXXXXXXXXXXXXX	
38		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.				
39						
40		Signature of fiduciary	Date	Print paid preparer's name	Paid preparer's SSN or PTIN	
41			XXXXXXXXXX		XXXXXXXXXXXXXX	
42		Title		Paid preparer's phone	Paid preparer's EIN	
43					XXXXXXXXXXXXXX	
44						
45				Paid preparer's signature	Date	Check if self-employed
46					XXXXXXXXXX	X
47		Fill in if the Department of Revenue may discuss this return with the preparer shown here				X
48						
49		PRIVACY ACT NOTICE AVAILABLE UPON REQUEST				
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61		XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
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2021 Form 2G, pg. 2

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AREA RESERVED
FOR 2-D BARCODE

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

NAMETITLEOFGRANTORBENEFICIARYXXXXXXXXX GRANTORIDNO
NAMEOFENTITYXXXXXXXXXXXXX ENTITYIDNOX

8.	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	8	XXXXXXXXXXXXXX
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	-XXXXXXXXXXXXXX
10.	Long-term capital gains or losses	10	-XXXXXXXXXXXXXX
11.	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II	11	-XXXXXXXXXXXXXX
12.	Long-term gains on collectibles and pre-1996 installment sales	12	XXXXXXXXXXXXXX
13.	Short-term capital gain or loss differences	13	-XXXXXXXXXXXXXX
14.	Long-term capital gain or loss differences	14	-XXXXXXXXXXXXXX
15.	Massachusetts bank interest	15	XXXXXXXXXXXXXX
16.	Net rental and royalty income or loss	16	-XXXXXXXXXXXXXX
17.	Business/profession or farm income or loss	17	-XXXXXXXXXXXXXX
18.	Partnership or S corporation income or loss	18	-XXXXXXXXXXXXXX
19.	Other income	19	XXXXXXXXXXXXXX
20.	Short-term carryover losses	20	-XXXXXXXXXXXXXX
21.	Other adjustments	21	-XXXXXXXXXXXXXX
22.	Massachusetts income tax withheld	22	XXXXXXXXXXXXXX
23.	Nonresident withholding and pooled income fund/charitable remainder annuity or unitrust withholding	23	XXXXXXXXXXXXXX
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	XXXXXXXXXXXXXX

BE SURE TO SIGN RETURN ON PAGE 1

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