



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2016 and 12-31-2016 below. Fiscal year filers enter appropriate dates.

Tax year beginning ▶ 01012016 Tax year ending ▶ 12312016

TEST-1

Form 2 Fiduciary Income Tax Return

2016

NAME OF ESTATE OR TRUST
RORY Gilmore Trust

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER
043456789

NAME OF FIDUCIARY
RORY Gilmore

TITLE OF FIDUCIARY
Trustee

MAILING ADDRESS OF FIDUCIARY
259 Essex St

CITY/TOWN/POST OFFICE
Saugus

STATE ZIP + 4
MA 01906

C/O

Company account number ▶

Date entity created ▶ 01012010

- Fill in all that apply:
- Qualified settlement fund
 - Trustee in bankruptcy
 - Decedent's estate
 - Qualified funeral trust
 - Complex trust
 - Simple trust
 - Guardianship/conservatorship
 - Change in trust's name
 - Change in fiduciary
 - Change in fiduciary's name
 - Change in fiduciary's address
 - Nonresident beneficiaries listed on return
 - Resident estate or trust
 - Filing Schedule TDS (see instr.)
 - Initial return
 - Final return
 - Nonresident estate or trust
 - Consolidated Form 2G

Fill in if: Amended return (see instructions) Amended return due to federal change Member of a lower-tier entity

PART B INCOME

1 Wages, salaries, tips and other employee compensation. ▶ 1	2500000
2 Taxable pensions and annuities ▶ 2	2500100
▼ If showing a loss, mark an X in box at left	
3 Business/profession or farm income or loss. See instructions. ▶ 3	919000
4 Rental, royalty and REMIC income or loss (enclose Massachusetts Schedule E) ▶ 4	325000
5 Total Part B 5.1% interest from Massachusetts banks. ▶ 5	150000
6 Other Part B 5.1% income (winnings, lump-sum distributions, etc.). Enclose statement. ▶ 6	160000
7 Total Part B 5.1% income. Add lines 1 through 6 ▶ 7	9479100
8 Deductions allowed decedents. See instructions ▶ 8	200000
9 Total Part B 5.1% income less deductions allowed decedents. Subtract line 8 from line 7 ▶ 9	9279100
10 Income distribution deduction (from Schedule IDD, line 5). Enclose Schedules IDD and 2K-1 ▶ 10	5000000

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 <i>R. Gilmore</i>	Date 1/7/17	Print paid preparer's name PHIL BORNE	Preparer's SSN or PTIN ▶ 410001010
TITLE	Date	Paid preparer's phone (617) 100 9998	Paid preparer's EIN
May DOR discuss this return with the preparer?	▶ <input checked="" type="checkbox"/> Yes	Paid preparer's signature <i>Phil Borne</i>	Date 1/31/2017
Name of designated tax matters partner ▶ DAN DOE	Identifying number of tax matters partner ▶ 042314566		

Mail to: Massachusetts Department of Revenue, PO Box 7018, Boston, MA 02204.



11 Part B 5.1% income taxable to fiduciary. Subtract line 10 from line 9. **Not less than "0"** 11

42791 00

12 Nonresident/charitable deduction. **Not less than "0."** See instructions ▶ 12

00

13 Net Part B 5.1% income taxable to fiduciary. Subtract line 12 from line 11. **Not less than "0"** 13

42791 00

PART A INTEREST AND DIVIDEND INCOME

14 Part A 5.1% interest and dividend income (from Schedule B, line 39). Enclose Schedule B ▶ 14

535000 00

15 Part A 5.1% common trust fund interest and dividend income ▶ 15

00

16 Total Part A 5.1% interest and dividend income. Add lines 14 and 15 16

535000 00

17 Income distribution deduction (from Schedule IDD, line 10). Enclose Schedules IDD and 2K-1 ... ▶ 17

8500 00

18 Part A 5.1% interest and dividend income taxable to fiduciary. Subtract line 17 from line 16.

45000 00

Not less than "0" ▶ 18

19 Nonresident/charitable deduction. **Not less than "0."** See instructions ▶ 19

00

20 Net Part A 5.1% interest and dividend income taxable to fiduciary. Subtract line 19 from line 18.

45000 00

Not less than "0" 20

21 Net Part A and Part B 5.1% income taxable to fiduciary. Add lines 13 and 20 21

87791 00

22 Tax from table. If line 21 is more than \$24,000, multiply amount by .051 22

4477 00

PART A 12% CAPITAL GAINS

23 Taxable Part A 12% capital gains (from Schedule B, line 40). Enclose Schedule B.

Not less than "0" ▶ 23

47373 00

24 Part A 12% short-term common trust fund capital gains ▶ 24

00

25 Total Part A 12% capital gains. Add lines 23 and 24 25

47373 00

26 Income distribution deduction (from schedule IDD, line 15). Enclose Schedules IDD and 2K-1 ... ▶ 26

10 000 00

27 Part A 12% capital gains taxable to fiduciary. Subtract line 26 from line 25. **Not less than "0"** 27

37373 00

28 Nonresident/charitable deduction. **Not less than "0."** See instructions ▶ 28

00

29 Net Part A 12% capital gain income taxable to fiduciary. Subtract line 28 from line 27.

37373 00

Not less than "0" 29

30 12% tax. Multiply line 29 by .12. 30

4485 00

PART C 5.1% CAPITAL GAINS

31 Part C 5.1% long-term capital gains (from Schedule D, line 18). Enclose Schedule D. **Not less than**

"0." If filing Schedule D-IS, Installment Sales, fill in oval and enclose Schedule D-IS: ▶ 31

125 000 00

32 Part C 5.1% long-term common trust fund capital gains ▶ 32

10 000 00

33 Total Part C 5.1% long-term capital gains. Add lines 31 and 32 33

135 000 00

34 Income distribution deduction (from Schedule IDD, line 20). Enclose Schedules IDD and 2K-1 ... ▶ 34

15 000 00

35 Part C 5.1% long-term capital gains taxable to fiduciary. Subtract line 34 from line 33.

120 000 00

Not less than "0" 35

36 Nonresident/charitable deduction. **Not less than "0."** See instructions ▶ 36

00



NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

043456789

37	Net Part C 5.1% long-term capital gain income taxable to fiduciary. Subtract line 36 from line 35. Not less than "0".....	37	120 0000 0
38	Tax on Part C 5.1% long-term capital gains. Multiply line 37 by .051.....	38	6120 00
39	Credit recapture (from Credit Recapture Schedule): ▶.....	39	00
40	Additional tax on installment sale.....	40	00
41	Total tax. Add lines 22, 30, and 38 through 40.....	41	14330 00
42	Credit for income taxes due to other jurisdictions (enclose Schedule F).....	42	00
43	Other credits (from Credit Manager Schedule).....	43	00
44	Total credits. Add lines 42 and 43.....	44	00
45	Credits passed through to beneficiaries on Schedules 2K-1.....	45	00
46	Credits remaining with fiduciary. Subtract line 45 from line 44.....	46	00
47	Tax after credits. Subtract line 46 from line 41.....	47	14330 00
48	Massachusetts income tax withheld (enclose all Mass. W-2, W-2G, 1099-G and 1099-R forms) ...	48	5000 00
49	2015 overpayment applied to your 2016 estimated tax.....	49	00
50	2016 Massachusetts estimated tax payments (do not include the amount in line 49).....	50	00
51	Payments made with extension.....	51	00
52	Payment with original return (use only if amending a return).....	52	00
53	Refundable credits (from Credit Manager Schedule, Part 2).....	53	00
54	Total tax payments. Add lines 48 through 53.....	54	5000 00
55	Overpayment. If line 47 is smaller than line 54, subtract line 47 from line 54. Enter the result in line 55. If line 47 is larger than line 54, go to line 58.....	55	00
56	Amount of overpayment you want applied to your 2017 estimated taxes.....	56	00
57	Amount of your refund. Subtract line 56 from line 55.....	57	00
58	Tax due. If line 47 is larger than line 54, subtract line 54 from line 47. Enter the result in line 58, and pay in full with this return. Pay online at mass.gov/masstaxconnect , or use Form 2-PV.....	58	9330 00

Pay in full. Write EIN on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to: Mass. DOR, PO Box 7018, Boston, MA 02204.

(Add to total in Interest line 58, if applicable.) ▶

00

Penalty ▶

00

M-2210F amt. ▶

00

EX encl. Form M-2210F

BE SURE TO SIGN RETURN ON PAGE 1



Schedule B/R Beneficiary/Remainderman

2016

NAME OF ESTATE OR TRUST

RORY Gilmore Trust

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

043456789

NAME OF BENEFICIARY/REMAINDERMAN

RORY Gilmore

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO.

043456789

MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN

359 main St

CITY/TOWN/POST OFFICE

Saugus

STATE ZIP + 4

MA 01906

LEGAL DOMICILE (STATE) MA

Select applicable oval: Beneficiary Remainderman

Total income

287955

Percentage of income

1.0000

Percentage of taxable income

1.0000

NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO.

MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN

CITY/TOWN/POST OFFICE

STATE ZIP + 4

LEGAL DOMICILE (STATE)

Select applicable oval: Beneficiary Remainderman

Total income

Percentage of income

Percentage of taxable income

NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO.

MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN

CITY/TOWN/POST OFFICE

STATE ZIP + 4

LEGAL DOMICILE (STATE)

Select applicable oval: Beneficiary Remainderman

Total income

Percentage of income

Percentage of taxable income

NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO.

MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN

CITY/TOWN/POST OFFICE

STATE ZIP + 4

LEGAL DOMICILE (STATE)

Select applicable oval: Beneficiary Remainderman

Total income

Percentage of income

Percentage of taxable income

INCOME SUMMARY

1	Accumulated income	1	72791 00
2	Total of beneficiaries' income	2	287,955 00
3	Accumulated capital gain	3	157,480 00
4	Total remaindermen's income	4	00



Massachusetts Department of Revenue

Schedule B

Interest, Dividends and Certain Capital Gains and Losses 2016

Name of estate or trust

Estate or trust employer identification number

043456789

▼ Fill in oval if showing a loss

1	Total interest (from U.S. Form 1041, line 1; or Form 1041-QFT, line 1a)	1	15,000
2	Total dividends (from U.S. Form 1041, line 2a; or Form 1041-QFT, line 2a)	2	20,000
3	Other interest and dividends not included above	3	25,000
4	Total interest and dividends. Add lines 1 through 3	4	60,000
5	Interest on U.S. debt obligations included in line 4	5	5,000
6	Interest from Massachusetts banks reported in Form 2, line 5 (5.15% income)	6	1,500
7	Other exclusions (see instructions). Attach list of exclusions, if any	7	
8	Total adjustments. Add lines 5 through 7	8	6,500
9	Subtotal. Subtract line 8 from line 4	9	53,500
10	Allowable deductions from your trade or business (from Massachusetts Schedule C-2)	10	
11	Subtotal. Subtract line 10 from line 9	11	53,500
12	Short-term capital gains (included in U.S. Form 1041, Schedule D, Part I, lines 1 through 5)	12	50,000
13	Long-term capital gains on collectibles and pre-1996 installment sales (from Massachusetts Schedule D, line 11)	13	
14	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)	14	10,000
15	Add lines 12 through 14	15	60,000
16	Allowable deductions from your trade or business (from Massachusetts Schedule C-2)	16	
17	Subtotal. Subtract line 16 from line 15	17	60,000
18	Short-term capital losses (included in U.S. Form 1041, Schedule D, Part I, lines 1 through 5)	18	<input checked="" type="radio"/> 10,000
19	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)	19	<input type="radio"/>
20	Prior short-term losses for years beginning after 1981 (from 2015 Massachusetts Schedule B, line 41)	20	<input type="radio"/>
21	Combine lines 17 through 20. If a positive amount, go to line 26. If the total is a loss, go to line 22	21	<input type="radio"/> 50,000
22	Short-term capital losses applied against interest and dividends. Enter the smaller of line 11 or line 21 (as a positive amount). Not more than \$2,000	22	
23	Subtotal. Combine lines 21 and 22	23	<input type="radio"/>
24	Short-term capital losses applied against long-term capital gains	24	
25	Short-term losses available for carryover in 2017. Combine lines 23 and 24 and enter result here and in line 41, omit lines 26 through 29, enter "0" in line 30, and complete lines 31 through 40	25	<input type="radio"/>
26	Short-term gains and long-term gains on collectibles. Enter amount from line 21. See instructions	26	50,000
27	Long-term capital losses applied against short-term capital gains	27	
28	Subtotal. Subtract line 27 from line 26. Enter result here. If line 28 is "0," omit line 29, and enter "0" in line 30	28	50,000
29	Long-term gains deduction. Complete only if lines 13 and 28 are greater than "0." If line 13 shows a gain, enter 50% of line 13 minus 50% of losses in lines 18, 19, 20 and 27, but not less than "0"	29	
30	Short-term gains after long-term gains deduction. Subtract line 29 from line 28	30	50,000



Name of estate or trust

Estate or trust employer identification number

04 3456789

31 Enter the amount from line 11	31	53,500
32 Short-term losses applied against interest and dividends. Enter the amount from line 22	32	
33 Subtotal. Subtract line 32 from line 31. See instructions	33	53,500
34 Long-term losses applied against interest and dividends (from worksheet in instructions)	34	
35 Adjusted interest and dividends. Subtract line 34 from line 33	35	53,500
36 Adjusted gross interest, dividends and certain capital gains and losses. Add lines 30 and 35. Not less than "0"	36	103,500
37 Expense and fiduciary compensation deduction. Attach Schedule H.		
37a Expense deduction	37a	1740
37b Fiduciary compensation	37b	887
37c Total	37c	2627
38 Taxable interest and dividends and certain capital gains. Subtract line 37 from line 36. Not less than "0"	38	100,873
39 If line 38 is greater than or equal to line 11, enter the amount from line 11 here and on Form 2, line 14. If line 38 is less than line 11, enter line 38 here and on Form 2, line 14	39	53,500
40 Taxable 12% capital gains. Subtract line 39 from line 38. Not less than "0." Enter result here and on Form 2, line 23	40	47,373
41 Available short-term losses for carryover in 2017. Enter amount from line 25 only if it is a loss	41	0



**Massachusetts Department of Revenue
Schedule D
Capital Gains and Losses**

2016

Attach copy of U.S. Schedule D.

Name of estate or trust Rory Gilmore Trust Estate or trust employer identification number 04-3456789

▼ Fill in oval if showing a loss

- 1 Enter amounts included in U.S. Form 1041, Schedule D, lines 8 through 10, col. h 1 10,000
- 2 Enter amounts included in U.S. Form 1041, Schedule D, line 11, col. h 2 15,000
- 3 Enter amounts included in U.S. Form 1041, Schedule D, line 12, col. h 3 20,000
- 4 Enter amounts included in U.S. Form 1041, Schedule D, line 13, col. h 4 25,000
- 5 Enter amounts included in U.S. Form 1041, Schedule D, line 14, col. h 5 30,000
- 6 Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II (not included in lines 1 through 5). See instructions 6 35,000
- 7 Carryover losses from prior years (from 2015 Schedule D, line 19) 7 5,000
- 8 Combine lines 1 through 7 8 130,000
- 9 Massachusetts differences, if any (enclose additional statement) 9 5,000
- 10 Massachusetts 2016 gains or losses. Exclude/subtract line 9 from line 8. 10 125,000
- 11 Long-term gains on collectibles and pre-1996 installment sales. Also enter this amount in Schedule B, line 13. 11
- 12 Subtotal. Subtract line 11 from line 10 12 125,000
- 13 Capital losses applied against capital gains 13
- 14 Subtotal. If line 12 is less than "0," combine lines 12 and 13. If line 12 is greater than "0," subtract line 13 from line 12 14 125,000
- 15 Long-term capital losses applied against interest and dividends (from worksheet in instructions) 15
- 16 Subtotal. Combine lines 14 and 15 16 125,000
- 17 Allowable deductions from your trade or business (from Massachusetts Schedule C-2) 17
- 18 Subtotal. Subtract line 17 from line 16. Enter result here and on Form 2, line 31 18 125,000
- 19 Long-term capital losses available for carryover in 2017, if any. 19 0



Massachusetts Department of Revenue
 Schedule IDD
 Income Distribution Deduction

2016

Name of estate or trust

Estate or trust employer identification number

Rory Gilmore Trust

04-3456789

Part 1. Income distribution deduction — Part B Income

- 1 Total Part B 5.1% income. From line 9 of Form 2. 1
- 2 Enter the amount of total Part B 5.1% income included in line 1 required to be distributed currently 2
- 3 Enter any other amounts included in line 1 paid, credited or otherwise required to be distributed 3
- 4 Total distributions. Add lines 2 and 3 4
- 5 Income distribution deduction. Enter the smaller of line 1 or line 4 here and on line 10 of Form 2. 5

Part 2. Income distribution deduction — Part A Interest and Dividend Income

- 6 Total Part A 5.1% interest and dividend income. From line 16 of Form 2. 6
- 7 Enter the amount of total Part A 5.1% interest and dividend income included in line 6 required to be distributed currently . 7
- 8 Enter any other amounts included in line 6 paid, credited or otherwise required to be distributed 8
- 9 Total distribution. Add lines 7 and 8 9
- 10 Income distribution deduction. Enter the smaller of line 6 or line 9 here and on line 17 of Form 2. 10

Part 3. Income distribution deduction — Part A 12% Capital Gains

- 11 Total Part A 12% capital gains. From line 25 of Form 2 11
- 12 Enter the amount of total Part A 12% capital gains included in line 11 required to be distributed currently 12
- 13 Enter any other amounts included in line 11 paid, credited, or otherwise required to be distributed 13
- 14 Total distribution. Add lines 12 and 13. 14
- 15 Income distribution deduction. Enter the smaller of line 11 or line 14 here and on line 26 of Form 2. 15

Part 4. Income distribution deduction — Part C 5.1% Capital Gains

- 16 Total Part C 5.1% long-term capital gains. From line 33 of Form 2 16
- 17 Enter the amount of total Part C 5.1% long-term capital gains included in line 16 required to be distributed currently . . 17
- 18 Enter any other amounts included in line 16 paid, credited, or otherwise required to be distributed 18
- 19 Total distributions. Add lines 17 and 18. 19
- 20 Income distribution deduction. Enter the smaller of line 16 or line 19 here and on line 34 of Form 2. 20



Massachusetts Department of Revenue
Schedule H
Expenses and Fiduciary Compensation

2016

Name of estate or trust

Estate or trust employer identification number

04 3456789

Part 1. Expense deduction computation

For common trust fund income, see instructions for adjustments.

- 1a** Amount paid this year for rentals of safe deposit boxes **1a**
- 1b** Amount paid this year for premiums on surety bonds **1b**
- 1** Total expenses. Add lines 1a and 1b. **1**
- 2** Total taxable Part A income. Add Schedule B, line 36 and Form 2, lines 15 and 24 **2**
- 3** Total taxable and nontaxable Part A income. Add Schedule B, lines 4, 12, 13, 14, and Form 2, line 24. Then subtract Schedule B, line 6. If common trust fund interest and dividends are not included in Schedule B, line 4, add in the amount from Form 2, line 15. **3**
- 4** Divide line 2 by line 3 and enter percentage. **4**
- 5** Multiply line 4 by line 1 and enter the result here and on Schedule B, line 37a. This is the maximum expense deduction allowed against Part A income **5**

Part 2. Fiduciary compensation deduction computation

- 6** Total fiduciary compensation paid **6**
- 7** Total taxable 5.15% income from Form 2, line 7. Not less than "0" **7**
- 8** Total Part A income. Add Schedule B, lines 4, 12, 13, 14, and Form 2, line 24. Then subtract Schedule B, line 6. If common trust fund interest and dividends are not included in Schedule B, line 4, add in the amount from Form 2, line 15. Not less than "0" **8**
- 9** Subtract Schedule D, line 11 from Schedule D, line 8 and add Form 2, line 32. Not less than "0" **9**
- 10** Add lines 7 through 9. **10**
- 11** Divide line 8 by line 10 and enter percentage. **11**
- 12** Multiply line 11 by line 6 and enter the result here. This is the amount of fiduciary compensation actually paid on Part A income. **12**
- 13** Add Schedule B, line 36 and Form 2, lines 15 and 24. **13**
- 14** Total taxable and nontaxable income. Enter the amount from line 8 above **14**
- 15** Divide line 13 by line 14 and enter percentage. **15**
- 16** Multiply line 15 by line 12 **16**
- 17** Enter 7% of line 13 **17**
- 18** Enter here and on Schedule B, line 37b, the amount from line 16 or 17, whichever is smaller. This is the maximum fiduciary compensation deduction allowed against Part A income. **18**



Massachusetts Department of Revenue
Schedule 2K-1
Beneficiary's Massachusetts Information

2016

Name of estate or trust Rory Gilmore trust Estate or trust employer identification number 04-3456789

Name of beneficiary Rory Gilmore Legal domicile (state) of beneficiary MA Identification number of beneficiary 04-3456789

Street address 359 Main St

City/Town Saugus State MA Zip 01906

Name of fiduciary Rory Gilmore

Street address 259 Essex St

City/Town Saugus State MA Zip 01906

In/care/of address

City/Town State Zip

Fill in one only: Amended 2K-1 Final 2K-1 Percentage of beneficiary's taxable income

What type of entity is beneficiary? Individual Estate/trust Charitable organization Other Fill in if beneficiary is a nonresident of Mass.

Allocable share item

	a. Amount from federal 1041 allocable to this beneficiary	b. Massachusetts adjustments	c. Total amounts using Mass- achusetts law (see instructions)	d. Massachusetts source income (see instructions)
--	--	------------------------------------	--	--

▼ Fill in oval if showing a loss

Part B income				
1 Wages, salaries, tips and other employee compensation	1	25,000		25,000
2 Taxable pensions and annuities	2	25,001		25,001
3 Business/profession or farm income or loss	3	09,190	<input type="radio"/>	09,190
4 Rental, royalty and REMIC income or loss	4	032,500	<input type="radio"/>	032,500
5 Massachusetts bank interest	5	1300		1300
6 Other income, such as winnings, lump-sum distributions, etc. (itemize)	6	11000		11000
7 Deductions allowed decedents	7	2000		2000

Part A interest and dividend income

8 Interest and dividend income (do not include income from common trust funds)	8	38500		38500
9 Common trust fund interest and dividend income	9			

Part A capital gains

10 Taxable Part A 12% capital gains (do not include income from common trust funds)	10	47480		47480
11 Part A 12% short-term common trust fund capital gains	11			

Part C capital gains

12 Part C 5.1% long-term capital gains (do not include income from common trust funds)	12	125,000		125,000
13 Part C 5.1% long-term common trust fund capital gains	13	10,000		10,000



Name of estate or trust

Estate or trust employer identification number

04 3456789

Allocable share item (cont'd)

	a. Amount from federal 1041 allocable to this beneficiary	b. Massachusetts adjustments	c. Total amounts using Massachusetts law (see instructions)	d. Massachusetts source income (see instructions)
Credits and estimated tax payments				
14 Taxes paid to other jurisdictions..... 14				
15 Lead Paint 15				
16a Economic Opportunity Area 16a				
16b Economic Development Incentive Program 16b				
Certificate number				
17 Brownfields 17				
Certificate number				
18 Low-Income Housing 18				
Building Identification number				
19 Historic Rehabilitation 19				
Certificate number				
20 Film Incentive 20				
Certificate number				
21 Medical Device 21				
Certificate number				
22 Employer Wellness Program 22				
Certificate number				
23 Farming and Fisheries 23				
24 Senior Circuit Breaker 24				
25 Solar/Wind 25				
26 Septic 26				
27 Certified Housing Development 27				
Certificate number				
28 Life Science Company 28				
29 Estimated tax payments made on behalf of nonresident beneficiary by fiduciary..... 29				
30 Refundable Film Credit 30				
31 Refundable Dairy Credit 31				
Certificate number				
32 Refundable Conservation Tax Credit 32				
Certificate number				
33 Refundable Community Investment Tax Credit 33				
Certificate number				
34 Other payments (see instructions) 34				