



Massachusetts Department of Revenue Form 2 Fiduciary Income Tax Return

2024

Tax year beginning

Tax year ending

Calendar year filers enter 01-01-2024 and 12-31-2024 below; fiscal year filers enter appropriate dates

NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

NAME OF FIDUCIARY

TITLE OF FIDUCIARY

MAILING ADDRESS OF FIDUCIARY

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

C/O

Company account number

Date entity created

Fill in all that apply:

- Decedent's estate
- Simple trust
- Complex trust
- Bankruptcy estate - ch 7
- Bankruptcy estate - ch 11
- Guardianship/conservatorship
- Qualified funeral trust
- Qualified settlement fund
- ESBT
- Initial return
- Amended return (see instr.)
- Amended return due to IRS BBA partnership audit
- Amended return due to federal change
- Final return
- 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
- Nonresident estate or trust
- Enclosing Schedule DRE
- Fiduciary Schedule TDS (see instr.)
- Enclosing Schedule FCI
- Member of a lower-tier entity

Number of employees in Massachusetts Number of employees worldwide Annual Voluntary Election- Pass-through entity has elected to pay tax at the entity level pursuant to MGL ch 63D (this election is irrevocable) Total amount paid

PART B INCOME

1	Wages, salaries, tips and other employee compensation	1	<input type="text" value="00"/>
2	Taxable pensions and annuities	2	<input type="text" value="00"/>
3	Business/profession or farm income or loss. See instructions.	3	<input checked="" type="checkbox"/> <input type="text" value="00"/>
4	Rental, royalty and REMIC income or loss (enclose Form 2, Schedule E)	4	<input checked="" type="checkbox"/> <input type="text" value="00"/>
5	Total Part B 5.0% interest from Massachusetts banks	5	<input type="text" value="00"/>
6	Other Part B 5.0% income (winnings, lump-sum distributions, etc.). Enclose statement.	6	<input checked="" type="checkbox"/> <input type="text" value="00"/>

▼ IF A LOSS, MARK AN X IN BOX

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 OF FIDUCIARY	DATE	PRINT PAID PREPARER'S NAME	PAID PREPARER'S 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?
<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
NAME OF DESIGNATED TAX MATTERS PARTNER	IDENTIFYING NUMBER OF TAX MATTERS PARTNER		



NAME OF ESTATE OR TRUST

Grid for name of estate or trust

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

Grid for employer identification number

Table with 4 columns: Line number, Description, Total, and Grid. Includes sections for Part B 5.0% income, Part A Interest and Dividend Income, Part A 8.5% and 12% Capital Gains, and Part C 5.0% Capital Gains.

