



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2012 and 12-31-2012 below. Fiscal year filers enter appropriate dates.

Tax year beginning > [MMDDYYYY] Tax year ending > [MMDDYYYY]

Form 2 Fiduciary Income Tax Return 2012

NAME OF ESTATE OR TRUST, ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER, NAME AND TITLE OF FIDUCIARY, MAILING ADDRESS OF FIDUCIARY, CITY/TOWN/POST OFFICE, STATE, ZIP + 4, C/O

Company account number > [], Date entity created > [MMDDYYYY], 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, If an amended return, fill in one: [] Increase in tax, [] Decrease in tax, [] No change in tax, Are you a member of a lower-tier entity?: [] Yes [] No

Table with 13 rows for income and deductions. Line 1: Wages, salaries, tips and other employee compensation. Line 2: Taxable pensions and annuities. Line 3: Business/profession or farm income or loss. Line 4: Rental, royalty and REMIC income or loss. Line 5: Total Part B 5.25% interest from Massachusetts banks. Line 6: Other Part B 5.25% income (winnings, lump-sum distributions, etc.). Line 7: Total Part B 5.25% income. Add lines 1 through 6. Line 8: Deductions allowed decedents. Line 9: Total Part B 5.25% income less deductions allowed decedents. Line 10: Income distribution deduction. Line 11: Part B 5.25% income taxable to fiduciary. Line 12: Nonresident/charitable deduction. Line 13: Net Part B 5.25% income taxable to fiduciary.

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, Print paid preparer's name, Preparer's SSN or PTIN, Title, Date, Paid preparer's phone, Paid preparer's EIN, May DOR discuss this return with the preparer? [] Yes [] No, Paid preparer's signature, Date, Fill in if self-employed



NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

NAME OF ESTATE OR TRUST		ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER									
41	Total tax. Add lines 22, 30, and 38 through 40	41									00
42	Credit for income taxes due to other jurisdictions (enclose Schedule F)	▶ 42									00
43	Lead Paint Credit (you must enclose Schedule LP)	▶ 43									00
44	<input type="checkbox"/> Economic Opportunity Area (you must enclose Schedule EOAC). Not less than "0" <input type="checkbox"/> Economic Development Incentive Program										00
	Certificate number	▶ 44									00
45	Brownfields. Not less than "0" .										00
	Certificate number	▶ 45									00
46	Low-Income Housing. Not less than "0" .										00
	Building identification number	▶ 46									00
47	Historic Rehabilitation. Not less than "0" .										00
	Certificate number	▶ 47									00
48	Film Incentive. Not less than "0" .										00
	Certificate number	▶ 48									00
49	Medical Device. Not less than "0" .										00
	Certificate number	▶ 49									00
50	Total credits. Add lines 42 through 49	50									00
51	Credits passed through to beneficiaries on Schedules 2K-1	▶ 51									00
52	Credits remaining with fiduciary. Subtract line 51 from line 50	52									00
53	Tax after credits. Subtract line 52 from line 41	53									00
54	Massachusetts income tax withheld (enclose all Mass. W-2, W-2G, 1099-G and 1099-R forms)	▶ 54									00
55	2011 overpayment applied to your 2012 estimated tax	▶ 55									00
56	2012 Massachusetts estimated tax payments (do not include the amount in line 55)	▶ 56									00
57	Payments made with extension	▶ 57									00
58	Payment with original return (use only if amending a return)	▶ 58									00
59	Refundable film credit (you must enclose Schedule RFC)	▶ 59									00
60	Refundable dairy credit. Certificate number	▶ 60									00
61	Refundable conservation tax credit. Certificate number	▶ 61									00
62	Total tax payments. Add lines 54 through 61	62									00
63	Overpayment. If line 53 is smaller than line 62, subtract line 53 from line 62. Enter the result in line 63. If line 53 is larger than line 62, go to line 66.	▶ 63									00
64	Amount of overpayment you want applied to your 2013 estimated taxes	▶ 64									00
65	Amount of your refund. Subtract line 64 from line 63	▶ 65									00
66	Tax due. If line 53 is larger than line 62, subtract line 62 from line 53. Enter the result in line 66, and pay in full with this return. Pay online at www.mass.gov/dor/payonline , or use Form 2-PV	▶ 66									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 66, if applicable.)	▶	<input type="text"/>	00	Penalty	▶	<input type="text"/>	00	M-2210F amt.	▶	<input type="text"/>	00	EX encl. Form M-2210F
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