## PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2006 and 12-31-2006 below. Fiscal year filers enter appropriate dates.

Tax year ending (month-day-year) ▶ Tax year beginning (month-day-year) ▶ Fiduciary Income Tax Return ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER NAME OF ESTATE OR TRUST NAME AND TITLE OF FIDUCIARY MAILING ADDRESS OF FIDUCIARY CITY/TOWN/POST OFFICE STATE ZIP + 4Company account number ► Date entity created > Ovals must be filled in completely. Example: Fill in applicable ovals: 

— Initial return 
— Final return 
— Resident estate or trust 
— Nonresident estate or trust 🗅 Nonresident beneficiaries listed on return 🕒 🦲 Consolidated Form 2G 💢 Decedent's estate 🤝 Simple trust 🗅 Complex trust 🛮 🗀 Guardianship/conservatorship 📉 Trustee in bankruptcy 📉 Qualified funeral trust 💢 Change in fiduciary Change in fiduciary's name Change in fiduciary's address Change in trust's name Filing Schedule TDS (see instructions) Use whole-dollar method. Do not use cents. If this is an amended return, fill in applicable oval: Increase in tax No change in tax Decrease in tax ▼ If showing a loss, mark an X in box at left Part B Income 0 0 1 2 3 0 Rental, royalty and REMIC income or loss (enclose Massachusetts Schedule E). . . . . . . . . ▶ 4 00 5 Total Part B 5.3% interest from Massachusetts banks..... ▶ 5 00 6 Other Part B 5.3% income (winnings, lump-sum distributions, etc.). Enclose statement . . . . . . ▶ 6 0 0 0 0 8 Deductions allowed decedents. See instructions . . . . . . ▶ 8 0 0 9 Total Part B 5.3% income less deductions allowed decedents. Subtract line 8 from line 7 . . . . . . . . 9 10 Income distribution deduction (from Schedule IDD, line 5). Enclose Schedule 2K-1 . . . . . . . ▶ 10 11 N 12 Nonresident/charitable deduction. **Not less than "0."** See instructions . . . . . . . . ▶ 12 00 Net Part B 5.3% income taxable to fiduciary. Subtract line 12 from line 11. **Not less than "0"**.......13 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 Print paid preparer's name Preparer's SSN or PTIN Title Paid preparer's phone Paid preparer's EIN May DOR discuss this return with the preparer? Paid preparer's signature Date Fill in if self-employed



14	Part A Interest and Dividend Income Part A 5.3% interest and dividend income (from Schedule B, line 39). Enclose Schedule B	. ▶ 14	, , , 00
15	Part A 5.3% common trust fund interest and dividend income	. ► 15	00
16	Total Part A 5.3% interest and dividend income. Add lines 14 and 15	16	, , , , 0 0
17	Income distribution deduction (from Schedule IDD, line 10). Enclose Schedule 2K-1	. ▶ 17	, , , , , , , , , , , , , , , , , , , ,
18	Part A 5.3% interest and dividend income taxable to fiduciary. Subtract line 17 from line 16.  Not less that "0"	. ▶ 18	, , , , , , , , , , , , , , , , , , , ,
19	Nonresident/charitable deduction. <b>Not less than "0."</b> See instructions	. ▶ 19	00
20	Net Part A 5.3% interest and dividend income taxable to fiduciary. Subtract line 19 from line 18.  Not less than "0"	20	, , , , , , , , , , , , , , , , , , , ,
21	Net Part A and Part B 5.3% income taxable to fiduciary. Add lines 13 and 20	21	, , , , 0 0
22	Tax from table. If line 21 is more than \$24,000, multiply amount by .053	22	, , , , , , 0 0
23	Part A 12% Capital Gains Taxable Part A 12% capital gains (from Schedule B, line 40). Enclose Schedule B. Not less than "O	" <b>►</b> 23	
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	00
26	Income distribution deduction (from schedule IDD, line 15). Enclose Schedule 2K-1	. ▶ 26	, , , , , 0 0
27	Part A 12% capital gains taxable to fiduciary. Subtract line 26 from line 25. <b>Not less than "0"</b>	27	00
28	Nonresident/charitable deduction. <b>Not less than "0."</b> See instructions	. ▶ 28	, , , , , , 0 0
29	Net Part A 12% capital gain income taxable to fiduciary. Subtract line 28 from line 27.  Not less than "0"	29	, 00
30	12% tax. Multiply line 29 by .12	30	, , , , , , 0 0
31	Part C 5.3% Capital Gains  Part C 5.3% long-term capital gains (from Schedule D, line 18). Enclose Schedule D. <b>Not less than</b> "0." If filing Schedule D-IS, Installment Sales, fill in oval and enclose Schedule D-IS ►	. ▶ 31	, , , 00
32	Part C 5.3% long-term common trust fund capital gains	. ▶ 32	00
33	Total Part C 5.3% long-term capital gains. Add lines 31 and 32	33	00
34	Income distribution deduction (from Schedule IDD, line 20). Enclose Schedule 2K-1	. ► 34	, , , , , 0 0
35	Part C 5.3% long-term capital gains taxable to fiduciary. Subtract line 34 from line 33.  Not less than "0"	35	, , 00
36	Nonresident/charitable deduction. <b>Not less than "0."</b> See instructions	. ► 36	, , , , , 0 0
37	Net Part C 5.3% long-term capital gain income taxable to fiduciary. Subtract line 36 from line 35.  Not less than "0"	37	00
38	Tax on Part C 5.3% long-term capital gains. Multiply line 37 by .053	. ▶ 38	00

NAME OF ESTATE OR TRUST

## 2006 FORM 2, PAGE 3

39 Credit recapture: 

Brownfields 

Economic Opportunity Area 0 0 40 00 41 Credit for income taxes paid to other jurisdictions (**enclose** Schedule F) . . . . . . . . . ▶ 41 00 42 Lead Paint Credit. . . . . ▶ 42 0 0 43 00 44 Full Employment Credit......▶ 44 00 45 Brownfields Credit. Enter certificate number ► 0 0 46 0 0 47 00 48 N 49 Film Incentive. Enter certificate number ► 00 **50** Medical Device Credit. Enter certificate number ► 00 51 0 0 **52** 0 0 53 00 54 **55** Massachusetts income tax withheld (enclose all Massachusetts W-2, W-2G, 1099-G and 00 0 56 0 57 2006 Massachusetts estimated tax payments (do not include the amount in line 56)...... ► 57 O **58** Payments made with extension . . . . . ▶ 58 0 0 **59** Payment with original return (use only if amending a return) . . . . . . . . . . . . ▶ 59 00 60 61 Overpayment. If line 54 is smaller than line 60, subtract line 54 from line 60. Enter the result in 0 0 line 61. If line 54 is larger than line 60, go to line 64...... ► 61 00 62 Amount of overpayment you want applied to your 2007 estimated taxes . . . . . . . . . . . . ▶ 62 0 0 63 64 Tax due, If line 54 is larger than line 60, subtract line 60 from line 54. Enter the result in line 64. 0 0 Pay in full. Write Employer Identification number on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to: Massachusetts DOR, PO Box 7018, Boston, MA 02204. M-2210F amt. 0 0 (Add to total in Interest 0 0 Penalty 0 0 EX enclose line 64, if applicable.) Form M-2210F