

2001 MASSACHUSETTS DEPARTMENT OF REVENUE

CORPORATE ESTIMATED INCOME TAX

File voucher no. 1 with first payment, voucher no. 2 with second payment, voucher no. 3 with third payment and voucher no. 4 with fourth payment.
Mail to: Massachusetts Department of Revenue, PO Box 7046, Boston, MA 02204.

VOUCHERS ARE ON PAGES 2 THROUGH 5

For calendar year 2001 or other taxable year beginning in 2001

Federal Identification Number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.	
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.
				\$	\$
Number and street				c. Estimated tax for the year ending:	
				MONTH / DAY / YEAR	\$
City or town, state and Zip code				1. Amount of this installment (.40 times estimated tax). (New corporations see note below*)	\$
				2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)	\$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts				3. Amount due with this installment.	\$
				Check appropriate box: <input type="checkbox"/> Domestic corp. (0167) <input type="checkbox"/> Foreign corp. (0168) <input type="checkbox"/> Other _____	
Mail to: Massachusetts Department of Revenue PO Box 7046, Boston, MA 02204					

For calendar year 2001 or other taxable year beginning in 2001

Federal Identification Number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.	
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.
				\$	\$
Number and street				c. Estimated tax for the year ending:	
				MONTH / DAY / YEAR	\$
City or town, state and Zip code				1. Amount of this installment (.25 times estimated tax). (New corporations see note below*)	\$
				2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)	\$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts				3. Amount due with this installment.	\$
				Check appropriate box: <input type="checkbox"/> Domestic corp. (0167) <input type="checkbox"/> Foreign corp. (0168) <input type="checkbox"/> Other _____	
Mail to: Massachusetts Department of Revenue PO Box 7046, Boston, MA 02204				*New corporations in their first full taxable year with less than 10 employees have lower percentages — 30-25-25-20%; 55-25-20% and 80-20%.	

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				\$	\$
Number and street				c. Estimated tax for the year ending:	
				MONTH / DAY / YEAR	\$
City or town, state and Zip code				1. Amount of this installment (.10 times estimated tax). (New corporations see note below*)	\$
				2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)	\$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts				3. Amount due with this installment.	\$
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