

For calendar year 2005 or other taxable year beginning in 2005

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.
				\$	\$
Street address				c. Estimated tax for the year ending:	
				MONTH / DAY / YEAR	\$
City/Town				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: <b>Commonwealth of Massachusetts</b>				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: <b>Massachusetts Department of Revenue</b> <b>PO Box 7046, Boston, MA 02204</b>				*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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				\$	\$
Street address				c. Estimated tax for the year ending:	
				MONTH / DAY / YEAR	\$
City/Town State Zip				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)	\$
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				\$	\$
Street address				c. Estimated tax for the year ending:	
				MONTH / DAY / YEAR	\$
City/Town				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)	\$
				3. Amount due with this installment.	\$
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