

Form PV Massachusetts Income Tax Payment Voucher

1999

First name	M.I.	Last name	Social Security number
Spouse's first name	M.I.	Last name	Spouse's Social Security number
Street address			Amount enclosed
			\$
City/Town	State	Zip	

STAPLE CHECK HERE



Mail to: Massachusetts Department of Revenue, PO Box 7003, Boston MA 02204

Make check payable to: Commonwealth of Massachusetts. Write your Social Security number on your check or money order.

Be sure to staple check to the front of Form PV and enclose Form PV with your return.