Registration Section

Name | Federal Identification number
--- | ---

Address

City/Town | State | Zip
--- | --- | ---

Parking Facilities Surcharge in Boston, Springfield and Worcester

A separate form must be filed for each city listed below. Check applicable city where facility is located:

- [ ] Boston
- [ ] Springfield
- [ ] Worcester

1 Total number of vehicle days in calendar quarter. Note: “Vehicle days” shall mean each 24-hour period (or fraction thereof) that a vehicle is parked.

2a Total number of vehicle days in calendar quarter for vehicles owned, rented or leased by the U.S. government and/or its instrumentalities. Note: “Vehicle days” shall mean each 24-hour period (or fraction thereof) that a vehicle is parked.

2b Total number of vehicle days in calendar quarter for vehicles owned, rented or leased by foreign diplomats and/or consular personnel. Note: “Vehicle days” shall mean each 24-hour period (or fraction thereof) that a vehicle is parked.

2c Total number of exempt vehicle days. Add lines 2a and 2b.

3 Total number of vehicle days subject to surcharge. Subtract line 2c from line 1.

4 Surcharge rate ($2.00)

5 Surcharge amount due. Multiply line 3 by line 4.

6 Penalties

7 Interest

8 Total amount due. Add lines 5, 6 and 7.

Declaration

The undersigned certifies under the penalties of perjury that all items and statements herein contained are true and accurate in every particular.

Signature of authorized officer | Date | Phone number
--- | --- | ---

Preparer’s signature and Social Security number | Date | [ ] Check if self-employed | Employer Identification number
--- | --- | --- | ---

Firm name (or yours, if self-employed) and address | City/town | State | Zip
--- | --- | --- | ---

File this return and payment in full with:
Massachusetts Department of Revenue
PO Box 7004
Boston, MA 02204

Make check or money order payable to: Commonwealth of Massachusetts.

Form CCF-PF