

355-ES — Corporate Estimated Tax Payment VoucherFile this return online at mass.gov/masstaxconnect.

Complete lines a, b and c only if amending or making first payment.

Federal ID/Account ID number	Tax filing period	Due date	Tax type	Voucher type 17	ID type	Vendor code 0001
Business name			a. Total tax for prior year.			
Business address			b. Overpayment from last year credited to estimated tax for this year.			
City/Town State Zip			c. Estimated tax for the year ending (mm/dd/yyyy) _____			
Phone number E-mail address			1. Amount of this installment (.40 times estimated tax)*			
If insurance company, check form you file: <input type="checkbox"/> 63-29A (0121) <input type="checkbox"/> 63-20P (0120) <input type="checkbox"/> 63-23P (0119) <input type="checkbox"/> Other (specify) _____			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. Mail to: Massachusetts Department of Revenue, PO Box 419272, Boston, MA 02241-9272.			3. Amount of this tax expected to be withheld during 2016.			
Signature Title Date			4. Amount due with this installment.			
			*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20%; 80/20%.			