

UBIT-ES

Massachusetts
Dept. of Revenue

Nonprofit Corp. Estimated Tax Payment — 2015 Voucher 1

For calendar year 2015 or other taxable year beginning in 2015

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 year ending:	
				MONTH / DAY / YEAR	\$
City/Town State Zip				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.	\$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.				3. Amount of this tax expected to be withheld during 2015.	\$
				4. Amount due with this installment.	\$
Check appropriate box: <input type="checkbox"/> Nonprofit corp. (0367) <input type="checkbox"/> Other _____				*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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For calendar year 2015 or other taxable year beginning in 2015

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 year ending:	
				MONTH / DAY / YEAR	\$
City/Town				1. Amount of this installment (.25 times estimated tax).* (New corporations see note below*)	
				\$	
State Zip				2. Amount of unused overpayment credit, if any, applied to this installment.	
				\$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.				3. Amount of this tax expected to be withheld during 2015.	
				\$	
Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.				4. Amount due with this installment.	
				\$	
Check appropriate box: <input type="checkbox"/> Nonprofit corp. (0367) <input type="checkbox"/> Other _____				*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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For calendar year 2015 or other taxable year beginning in 2015

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 year ending:	
				MONTH / DAY / YEAR	\$
City/Town				1. Amount of this installment (.25 times estimated tax).* (New corporations see note below*)	
				\$	
State Zip				2. Amount of unused overpayment credit, if any, applied to this installment.	
				\$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.				3. Amount of this tax expected to be withheld during 2015.	
				\$	
Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.				4. Amount due with this installment.	
				\$	
Check appropriate box: <input type="checkbox"/> Nonprofit corp. (0367) <input type="checkbox"/> Other _____				*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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For calendar year 2015 or other taxable year beginning in 2015

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 year ending:	
				MONTH / DAY / YEAR	\$
City/Town				1. Amount of this installment (.10 times estimated tax).* (New corporations see note below*)	
				\$	
State Zip				2. Amount of unused overpayment credit, if any, applied to this installment.	
				\$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.				3. Amount of this tax expected to be withheld during 2015.	
				\$	
Check appropriate box: <input type="checkbox"/> Nonprofit corp. (0367) <input type="checkbox"/> Other _____				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% and 80/20%.					