



Form 2-PV Massachusetts Fiduciary Income Tax Payment Voucher 2016

Payment for period end date (mm/dd/yyyy)	Tax type 049	Voucher type 01	ID type 004	Vendor code 0001
Name of estate or trust		Employer Identification number		
Name of fiduciary		Title		
Mailing address				
City/Town	State	Zip	Amount enclosed	
Phone	E-mail	\$ Fill in if name/address changed since 2015 <input type="checkbox"/>		

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**. Mail to: **Massachusetts Department of Revenue, PO Box 7018, Boston, MA 02204**.