

BE SURE TO DETACH VOUCHER WHERE INDICATED.
FAILURE TO DO SO WILL RESULT IN DELAYS
PROCESSING YOUR PAYMENT.

DETACH HERE

2017 Form 2-PV
Massachusetts Fiduciary Income Tax Payment Voucher



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		Federal Identification number		
Name of fiduciary		Title		
Mailing address				
City/Town	State	Zip	Amount enclosed \$	
Phone	E-mail	Fill in if name/address changed since 2016 ☐		

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 7062, Boston, MA 02204.**