



Form 63 FI-ES

Instructions for Financial Institution Corporation Estimated Excise Payment Vouchers

2018

Massachusetts
Department of
Revenue

General Information

What is the purpose of the estimated excise payment vouchers? Estimated excise payment vouchers provide a means for paying any current excises due under Chapter 63 of the Massachusetts General Laws.

Note: Taxpayers subject to combined filing must file Form 355U, Excise for Taxpayers Subject to Combined Reporting.

Who must make estimated payments? All financial institutions that reasonably estimate their excise to be in excess of \$1,000 for the taxable year are required to make estimated payments.

Note: Most financial institutions must make estimated payments electronically. See Technical Information Release (TIR) 16-9. Also, a taxable member of a combined group must make its estimated payments electronically through MassTaxConnect. See TIR 09-18. Go to MassTaxConnect at www.mass.gov/mass-taxconnect for more information. All estimated payments made by a combined filing group should be reported under the principal reporting entity's tax account.

Are there penalties for failing to pay estimated excise? Yes. An additional charge is imposed on the underpayment of estimated excise for the period of that underpayment. Use Form M-2220 when filing your annual return to determine any penalty due.

When and where are estimated excise vouchers filed? Estimated excises may be paid in full on or before the 15th day of the third month of the taxable year or according to the following installment amount schedule: on or before the 15th day of the third, sixth, ninth and twelfth months of the taxable year.

Percent of estimated excise due

First full taxable year with less than 10 employees	All others
30%	40%
25%	25%
25%	25%
20%	10%

Payment vouchers with amounts due should be filed with Massachusetts Department of Revenue, PO Box 419272, Boston, MA 02241-9272. Make check or money order payable to **Commonwealth of Massachusetts** and write your Account Identification number in the lower left hand corner on your check or money order.

What if the financial institution's estimated excise liability changes during the year? Even though you may not be required to make estimated excise payments at the beginning of the taxable year, your expected income, assets and credits may change so that you will be required to make payments later.

Financial institutions that first meet the requirement for paying estimated excises sometime after the first quarterly period should make estimated payments as shown on the enclosed chart.

What if the taxpayer credited its 2017 overpayment to its 2018 excise? If the financial institution reported an overpayment on its 2017 63 FI, Financial Institution excise return and elected to apply it as a credit to its 2018 estimated excise, the amount of the credit must be applied to the first installment due after the overpayment is determined. Any excess must be applied to succeeding installments. No credit may be applied to any estimated excise other than

2018. Be sure to enter the total overpayment credit in item b of your first voucher and in column (c) of the Record of Estimated Excise Payments (enclosed).

Specific Instructions

1. Complete the enclosed Financial Institution Estimated Excise Worksheet.
2. Enter your name, address, identification number, taxable year and installment due dates on the enclosed vouchers.
3. Enter in item a of the first voucher your total excise for the prior year, if any, from item a of the worksheet.
4. Enter in item b of the first voucher any overpayment from last year to be credited to estimated excise this year from item b of the worksheet.
5. Enter your estimated excise for 2018 from item c of the worksheet in item c of your first voucher.
6. Enter the amount of this installment from line 1 of the worksheet in line 1 of your first voucher.
7. Enter in line 2 of the first voucher the amount of overpayment from last year to be applied to this installment, if any, from line 2 of the worksheet.
8. Enter in line 3 of the first voucher the amount of this excise expected to be withheld during 2018 to be applied to this installment, if any, from line 3 of the worksheet.
9. Subtract the total of lines 2 and 3 from line 1 and enter the result in line 4. File only if line 4 is greater than 0.
10. Mail the voucher with check or money order payable to **Commonwealth of Massachusetts**.
11. For each later installment, you need only complete lines 1 through 4 of the remaining payment vouchers, attach remittance and mail. If you must amend your estimated excise or if you first meet the requirements to pay estimated excise in the second, third or fourth quarter of the taxable year, use the enclosed Amended Estimated Excise Payment Schedule.

Financial Institution Estimated Excise Worksheet

a. Total excise for prior year	a.	\$
b. Overpayment from last year to be credited to estimated excise for this year	b.	\$
c. Estimated excise for year ending	c.	\$

If you first meet the requirements for making estimated payments in the taxable year, use the **Amended Estimated Excise Payment Schedule** below.

	1st installment	2nd installment	3rd installment	4th installment
1. Amount of each installment. Enter 40% of item c for installment 1. For second, third and fourth installments use 25%, 25% and 10% of item c, respectively. Note: Taxpayers in their first full taxable year with less than 10 employees should use 30%, 25%, 25% and 20% respectively.	\$	\$	\$	\$
2. Enter amount of overpayment from last year applied to an installment, if any.	\$	\$	\$	\$
3. Amount of this excise expected to be withheld during 2018.	\$	\$	\$	\$
4. Amount due. Subtract the total of lines 2 and 3 from line 1.	\$	\$	\$	\$

Amended Estimated Excise Payment Schedule

1. Enter total excise for prior year, if any	1.	\$
2. Enter overpayment from last year, if any, to be credited to estimated excise this year	2.	\$
3. Enter recomputed estimated excise for 2018, if amending. (Enter estimated excise for 2017, if first meeting the requirement for making estimated payments in the second, third or fourth quarter.)	3.	\$
a. If amending your estimated excise in the second, third or fourth quarter, multiply line 3 by the appropriate installment percentage amount, then subtract previous amounts paid and overpayments applied to date, if any	a.	\$

Enter the item a amount in the proper column of line 1 in the Estimated Excise Worksheet (above) and adjust or complete the remaining applicable items.

2018 Record of Estimated Excise Payments

Voucher number	a. Date	b. Amount paid	c. 2017 overpayment credit applied to installment	Total amount paid and credited from Jan. 1 through the installment date shown (col. b + col. c)
1				
2				
3				
4				
Total	▶			

If the corporation first meets the requirement to make estimated payments	Number of installments required	The corporation* should pay the following percentage by the 15th day of the:			
		3rd month	6th month	9th month	12th month
By the last day of the 2nd month	4	40%	25%	25%	10%
After the last day of the 2nd month and before the first day of the 6th month	3		65%	25%	10%
After the last day of the 5th month and before the first day of the 9th month	2			90%	10%
After the last day of the 8th month and before the first day of the 12th month	1				100%
*New taxpayers in their first full taxable year with fewer than 10 employees have lower percentages: 30–25–25–20%; 55–25–20% and 80–20%.					

Please submit the vouchers, with your payments, when due. Make all checks payable to **Commonwealth of Massachusetts**.

If forms are lost, contact the Massachusetts Department of Revenue, Contact Center Bureau, PO Box 7010, Boston, MA 02204. Call (617) 887-6367 or toll-free in Massachusetts at 1-800-392-6089.

Practitioners: You must obtain prior approval if you plan to use substitute vouchers.

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

DETACH HERE

Massachusetts Department of Revenue

63 FI-ES — Corporate Estimated Tax Payment Voucher



Federal ID/Account ID number	Tax filing period	Due date	Tax type 015	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)*			
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			2. Amount of unused overpayment credit (if any) applied to this installment (see instructions).			
Mail to: Massachusetts Department of Revenue, PO Box 419272, Boston, MA 02241-9272.			3. Amount of this tax expected to be withheld during 2018.			
			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%.

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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 (.25 times estimated tax)*			
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			2. Amount of unused overpayment credit (if any) applied to this installment (see instructions).			
Mail to: Massachusetts Department of Revenue, PO Box 419272, Boston, MA 02241-9272.			3. Amount of this tax expected to be withheld during 2018.			
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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 (.25 times estimated tax)*			
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			2. Amount of unused overpayment credit (if any) applied to this installment (see instructions).			
Mail to: Massachusetts Department of Revenue, PO Box 419272, Boston, MA 02241-9272.			3. Amount of this tax expected to be withheld during 2018.			
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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 (.10 times estimated tax)*			
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			2. Amount of unused overpayment credit (if any) applied to this installment (see instructions).			
Mail to: Massachusetts Department of Revenue, PO Box 419272, Boston, MA 02241-9272.			3. Amount of this tax expected to be withheld during 2018.			
			4. Amount due with this installment.			

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