

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

DETACH HERE

2020 Form PV
Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type 053	Voucher type 01	ID type 005	Vendor code 0001
Name of taxpayer	Social Security number		Amount enclosed \$	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
Street address	City/Town		State	Zip
Phone	E-mail		Fill in if name/address changed since 2019 <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 7062, Boston, MA 02204.**

