

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

DETACH HERE

Massachusetts Department of Revenue

SSR — Monthly Satellite Service Return



Account ID number		Tax filing period	1. Total satellite service revenue (see TIR 09-14).	
Business name			2. Deductions (see TIR 09-14).	
Business address			3. Gross revenues subject to tax. Subtract line 2 from line 1.	
City/Town	State	Zip	4. Tax. Multiply line 3 by .05.	
Phone number		E-mail address	5. Penalties and interest.	
<input type="checkbox"/> Check if amended return (see "Amended Return" in instructions) <input type="checkbox"/> Check if final return and you wish to close your satellite services tax account			6. Total amount due. Add lines 4 and 5.	
<small>Return and payment are due on or before the 20th day of the month following the end of the tax filing period. Mail form and payment to: Massachusetts Department of Revenue, PO Box 7042, Boston, MA 02204. Make check or money order payable to the Commonwealth of Massachusetts.</small> <small>I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.</small>			File this return online at mass.gov/masstaxconnect .	
Signature		Title	Date	