



Massachusetts Department of Revenue

Form CCF-PF

Surcharge for Parking Facilities in Boston, Springfield and Worcester

This return is due on or before the 20th day of the month following the close of each calendar quarter.

Name Account ID number Tax filing period (mm/yyyy)

Street address

City/Town State Zip Phone number

Fill in if: Amended return (see "Amended Return" below) Final return

A separate form must be filed for each city listed. Check city where facility is located: Boston Springfield Worcester

Computation

Table with 10 rows for computation: 1 Total number of vehicle days in calendar quarter, 2 Total number of vehicle days in calendar quarter for vehicles owned, rented or leased by the U.S. government, 3 Total number of vehicle days in calendar quarter for vehicles owned, rented or leased by foreign diplomats and/or consular personnel included in line 1, 4 Total number of exempt vehicle days. Add lines 2 and 3, 5 Total number of vehicle days subject to surcharge. Subtract line 4 from line 1, 6 Surcharge rate, 7 Surcharge amount due. Multiply line 5 by line 6, 8 Penalties, 9 Interest, 10 Total amount due. Add lines 7 through 9

Amended Return

If you need to change a line item on your return, complete a new return with the corrected information and fill in the "Amended Return" oval. Generally, an amended return must be filed within three years of the date that your original return was filed.

By filling in the amended return oval, you are giving your consent for the Commissioner of Revenue to act upon your amended return after six months from the date of filing. If you choose not to consent, you must do so in writing and attach it to this amended return. If you do not consent, any requested reduction in tax will be deemed denied at the expiration of six months from the date of filing.

If you are disputing an assessment resulting from an audit, or are requesting an abatement of penalties, do not file an amended return. Rather, you must file a Form ABT, Application for Abatement. Visit mass.gov/dor/amend for additional information about filing an amended return, or filing an application for abatement.

Declaration

The undersigned certifies under the penalties of perjury that all items and statements herein contained are true and accurate in every particular.

Authorized signature Title Date Phone number

Preparer's signature Fill in if self-employed Employer Identification number

Firm name (or yours, if self-employed) Date Phone number

City/Town State Zip

File this return with payment in full: Massachusetts Department of Revenue, PO Box 7004, Boston, MA 02204. Make check or money order payable to: Commonwealth of Massachusetts.

STAPLE CHECK HERE