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

DETACH HERE

ST-MAB-4 — Sales Tax on Meals, Prepared Food and All Beverages Return Massachusetts Department of Revenue

Account ID number	City/town name	Tax filing period	City/town code

Business name

Business address

City/Town | State | Zip

Phone number | E-mail address

☐ Check if amended return (see "Amended Return" in instructions)
☐ Check if final return and you wish to close your sales tax on meals account

See instructions for due dates. Mail to Massachusetts DOR, PO Box 419263, Boston, MA 02241-9263.

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.

Signature | Title | Date

1. Gross receipts from the sale of meals, including food and non-alcoholic beverages (do not include non-alcoholic beer).	
2. Gross receipts from sale of alcoholic beverages (include non-alcoholic beer).	
3. Total gross receipts. Add lines 1 and 2.	
4. Total charged for tax-exempt meals.	
5. Total taxable receipts. Subtract line 4 from line 3.	
6. State tax due. Multiply line 5 by .0625.	
7. Local tax due. Multiply line 5 by .075 if applicable (see instructions).	
8. Penalty.	
9. Interest.	
10. Total amount due with this return. Add lines 6 through 9.	

File this return online at mass.gov/masstaxconnect.
☐ Check if any sales reported on this return are from vending machine.