



Massachusetts Department of Revenue

Form ST-7R

Motor Vehicle Certificate of Payment of Sales or Use Tax

Name of purchaser/business First name (required for individuals) Federal Identification number Social Security number (required for individuals)

Mailing address

City/Town State Zip

Fill in if: Business Sole proprietor Individual

Model year of motor vehicle or trailer sold Make of trailer or vehicle Model name

Type Vehicle Identification number Date of sale (mm/dd/yyyy)

Part A. Sale by licensed motor vehicle dealer. Required by dealer.

- 1 Gross sales price
2 Manufacturer's excise (section 4061(A) of IRC) (only if new motor vehicle)
3 Trade-in allowance (if any).

Model year Make of traded-in vehicle Vehicle Identification number

- 4 Manufacturer's rebate
5 Total adjustments. Add lines 2 through 4.
6 Taxable sales price. Subtract line 5 from line 1.
7 Sales tax. Multiply line 6 by .0625.

Part B. Sale by person other than motor vehicle dealer

- 1 Gross sales price
2 Use tax. Multiply line 1 by .0625

Part C. Capitalized cost reduction

- 1 Taxable capitalized cost reduction.
2 Sales tax. Multiply line 1 by .0625.

Declaration

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

Firm name of purchaser (if any) Signature Date Title

Firm name of seller (if any) License number (if dealer)

Signature of seller Title Sales/use tax registration no. (required if dealer)

Mailing address City/Town State Zip

File this return with payment in full: Massachusetts Department of Revenue, PO Box 7042, Boston, MA 02204. Make check or money order payable to: Commonwealth of Massachusetts.

Tax payment for amount entered above has been received. This claim is subject to verification and assessment by the Department of Revenue. Erroneous information will result in suspension of registration.

Approved by Department of Revenue representative Date

STAPLE CHECK HERE