

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

DETACH HERE

Massachusetts Department of Revenue

RO-2 — Room Occupancy Tax Return



Account ID number	City/town name	Tax filing period	City/town code	1. Total rents.	
				2. Taxable rents.	
Business name				3. State tax due. Multiply line 2 by .057.	
Business address				4. Local tax due. Multiply line 2 by .0	
City/Town	State	Zip		5. CCF fee due. Multiply line 2 by .0275.	
Phone number				6. Penalty.	
E-mail address				7. 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 room occupancy tax account				8. Total amount due with this return. Add lines 3 through 7.	
<small>See instructions for due dates. Mail to Massachusetts DOR, PO Box 419260, Boston, MA 02241-9260. 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	