1-ES Massachusetts Department of Revenue

Estimated Tax Payment — 2013

Voucher 1

Social Security number	Spouse's Social Security no.	Due date	Voucher	Estimated tax for the year ending
			1	MONTH / DAY / YEAR

Last name (print) | First name and initial (and spouse's, if joint return)

1. Amount of this installment (from line 12 of estimated tax worksheet):

$

Street address

Check which form you plan to file:

- ☐ Form 1 Full-Year Resident
- ☐ Form 1-NR/PY Nonresident/Part-Year Resident
- ☐ Nonresident Composite Return

City/Town | State | Zip

Return this voucher with check or money order payable to:
Commonwealth of Massachusetts.

Mail to:
Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.
For Privacy Act Notice, see instructions for the form you file.

Important Information

File your Form 1-ES online at no cost! It's fast, easy and secure. Go to www.mass.gov/dor and click on WebFile for Income for more information.

1-ES Massachusetts Department of Revenue

Estimated Tax Payment — 2013

Voucher 2

Social Security number	Spouse's Social Security no.	Due date	Voucher	Estimated tax for the year ending
			2	MONTH / DAY / YEAR

Last name (print) | First name and initial (and spouse's, if joint return)

1. Amount of this installment (from line 12 of estimated tax worksheet):

$

Street address

City/Town | State | Zip

Check which form you plan to file:

- ☐ Form 1 Full-Year Resident
- ☐ Form 1-NR/PY Nonresident/Part-Year Resident
- ☐ Nonresident Composite Return

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Mail to:
Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.
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1-ES Massachusetts Department of Revenue

Estimated Tax Payment — 2013

Voucher 3

Social Security number	Spouse's Social Security no.	Due date	Voucher	Estimated tax for the year ending
			3	MONTH / DAY / YEAR

Last name (print) | First name and initial (and spouse's, if joint return)

1. Amount of this installment (from line 12 of estimated tax worksheet):

$

Street address

Check which form you plan to file:

- ☐ Form 1 Full-Year Resident
- ☐ Form 1-NR/PY Nonresident/Part-Year Resident
- ☐ Nonresident Composite Return

City/Town | State | Zip

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1-ES Massachusetts Department of Revenue

Estimated Tax Payment — 2013

Voucher 4

Social Security number	Spouse's Social Security no.	Due date	Voucher	Estimated tax for the year ending
			4	MONTH / DAY / YEAR

Last name (print) | First name and initial (and spouse's, if joint return)

1. Amount of this installment (from line 12 of estimated tax worksheet):

$

Street address

Check which form you plan to file:

- ☐ Form 1 Full-Year Resident
- ☐ Form 1-NR/PY Nonresident/Part-Year Resident
- ☐ Nonresident Composite Return

City/Town | State | Zip

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