

1-ES Massachusetts
Department of Revenue**Estimated Tax Payment — 2014****Voucher 1**

Social Security number	Spouse's Social Security no.	Due date	Voucher 1	Estimated tax for the year ending / / 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: <input type="checkbox"/> Form 1 Full-Year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident <input type="checkbox"/> Nonresident Composite Return
City/Town		State	Zip	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.
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.				

1-ES Massachusetts
Department of Revenue**Estimated Tax Payment — 2014****Voucher 2**

Social Security number	Spouse's Social Security no.	Due date	Voucher 2	Estimated tax for the year ending 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: <input type="checkbox"/> Form 1 Full-Year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident <input type="checkbox"/> Nonresident Composite Return
City/Town		State	Zip	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.
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1-ES Massachusetts
Department of Revenue**Estimated Tax Payment — 2014****Voucher 3**

Social Security number	Spouse's Social Security no.	Due date	Voucher 3	Estimated tax for the year ending 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: <input type="checkbox"/> Form 1 Full-Year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident <input type="checkbox"/> Nonresident Composite Return
City/Town		State	Zip	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.
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1-ES Massachusetts
Department of Revenue**Estimated Tax Payment — 2014****Voucher 4**

Social Security number	Spouse's Social Security no.	Due date	Voucher 4	Estimated tax for the year ending 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: <input type="checkbox"/> Form 1 Full-Year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident <input type="checkbox"/> Nonresident Composite Return
City/Town		State	Zip	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.
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