

UBIT-ESMassachusetts
Dept. of Revenue**Nonprofit Corp. Estimated Tax Payment — 2014 Voucher 1**

For calendar year 2014 or other taxable year beginning in 2014

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR		\$
City/Town State Zip				1. Amount of this installment (.40 times estimated tax). (New corporations see note below*)	\$	
				2. Amount of unused overpayment credit, if any, applied to this installment.	\$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.				3. Amount due with this installment.	\$	
				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.		
Check appropriate box: ☐ Nonprofit corp. (0367) ☐ Other _____						

UBIT-ESMassachusetts
Dept. of Revenue**Nonprofit Corp. Estimated Tax Payment — 2014 Voucher 2**

For calendar year 2014 or other taxable year beginning in 2014

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR		\$
City/Town State Zip				1. Amount of this installment (.25 times estimated tax). (New corporations see note below*)	\$	
				2. Amount of unused overpayment credit, if any, applied to this installment.	\$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.				3. Amount due with this installment.	\$	
				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.		
Check appropriate box: ☐ Nonprofit corp. (0367) ☐ Other _____						

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Dept. of Revenue**Nonprofit Corp. Estimated Tax Payment — 2014 Voucher 3**

For calendar year 2014 or other taxable year beginning in 2014

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR		\$
City/Town State Zip				1. Amount of this installment (.25 times estimated tax). (New corporations see note below*)	\$	
				2. Amount of unused overpayment credit, if any, applied to this installment.	\$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.				3. Amount due with this installment.	\$	
				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.		
Check appropriate box: ☐ Nonprofit corp. (0367) ☐ Other _____						

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Dept. of Revenue**Nonprofit Corp. Estimated Tax Payment — 2014 Voucher 4**

For calendar year 2014 or other taxable year beginning in 2014

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR	\$	
City/Town State Zip				1. Amount of this installment (.10 times estimated tax). (New corporations see note below*)	\$	
				2. Amount of unused overpayment credit, if any, applied to this installment.	\$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.				3. Amount due with this installment.	\$	
				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.		
Check appropriate box: ☐ Nonprofit corp. (0367) ☐ Other _____						