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Form 2-PV Massachusetts Fiduciary Income Tax Payment Voucher

2015

STAPLE CHECK HERE	Name of estate or trust		U.S. taxpayer number
	Name of fiduciary	Title	Payment for the year ending: MONTH / DAY / YEAR
	Mailing address of fiduciary		Amount enclosed \$
	City/Town	State	Zip ☐ Check if name/address changed since 2014

Pay online at mass.gov/dor/payonline. Or, return this voucher with check or money order payable to:
Commonwealth of Massachusetts, and mail to: **Massachusetts Department of Revenue, PO Box 7018,**
Boston, MA 02204.

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