


**355-ES**

Massachusetts Department of Revenue

**Corporation Estimated Tax Payment Voucher — 2015**

For calendar year 2015 or other taxable year beginning in 2015

**Voucher**

|                                                                                                                                 |                                           |              |          |                                                                                                                                           |                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Federal ID number                                                                                                               | Be sure this return covers correct period | Taxable year | Due date | Fill out a, b, and c, only if amending or making first payment.                                                                           |                                                                                  |
|  <p>If not correct, please see instructions.</p> |                                           |              |          | a. Total tax for prior year.<br><br>\$                                                                                                    | b. Overpayment from last year credited to estimated tax for this year.<br><br>\$ |
|                                                                                                                                 |                                           |              |          | c. Estimated tax for the year ending:<br><br><div style="text-align: center;"> <hr style="width: 100%;"/> MONTH      DAY      YEAR </div> | \$                                                                               |
|                                                                                                                                 |                                           |              |          | 1. Amount of this installment (          times estimated tax).*                                                                           | \$                                                                               |
|                                                                                                                                 |                                           |              |          | 2. Amount of unused overpayment credit, if any, applied to this installment (see instructions).                                           | \$                                                                               |
|                                                                                                                                 |                                           |              |          | 3. Amount of this tax expected to be withheld during 2015.                                                                                | \$                                                                               |
| 4. Amount due with this installment.                                                                                            | \$                                        |              |          |                                                                                                                                           |                                                                                  |

Make check or money order payable to:  
**Commonwealth of Massachusetts.**

Mail to: **Mass. Department of Revenue,**  
**PO Box 7046, Boston, MA 02204.**

Check appropriate box:

- Domestic corp. (0167)  
 Foreign corp. (0168)  
 Other \_\_\_\_\_

\*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%.