

# UBIT-ES — Nonprofit Corporation Estimated Tax Payment

Federal Identification number	Tax filing period
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Business name
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Business address
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City/Town	State	Zip
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Phone number	E-mail address
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Nonprofit corporation (0367)  
 Other (specify) \_\_\_\_\_

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.**

Signature	Title	Date
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**Complete lines a, b and c only if amending or making first payment.**

a. Total tax for prior year.	
b. Overpayment from last year credited to estimated tax for this year.	
c. Estimated tax for the year ending (mm/dd/yyyy) _____	
1. Amount of this installment (.40 times estimated tax)*	
2. Amount of unused overpayment credit (if any) applied to this installment.	
3. Amount of this tax expected to be withheld during 2016.	
4. 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%; 80/20%.