BE SURE TO DETACH VOUCHER WHERE INDICATED
FAILURE TO DO SO WILL RESULT IN DELAYS
PROCESSING YOUR PAYMENT

DETACH HERE

2017 Form 2-PV
Massachusetts Fiduciary Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
	049	**01**	**004**	**0001**

Name of estate or trust — Federal Identification number

Name of fiduciary — Title

Mailing address

City/Town — State — Zip — Amount enclosed
$

Phone — E-mail — Fill in if name/address changed since 2016
☐

Pay online at **mass.gov/masstaxconnect.** Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**