

2-ES — Estimated Tax Payment Voucher

Federal Identification number	Tax filing period	Due date	Tax type	Voucher type 17	ID type	Vendor code 0001
Name (print)			1. Amount of this installment (from line 10 of estimated tax worksheet): \$			
Street address			Check which form you plan to file:			
City/Town			<input type="checkbox"/> Form 2 Fiduciary <input type="checkbox"/> Form 3-M Club and Other <input type="checkbox"/> Form M-990T-62			
State						
Zip						
Phone number			Important Information			
E-mail address			File your Form 2-ES online at no cost! It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.			
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 419544, Boston, MA 02241-9544.						
Signature		Title	Date			