2022 Form 1-ESEstimated Tax Payment Voucher

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Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code	
	12/31/2022		053	17	005	0001	
Last name (print) First name and initial (and spouse's, if joint return)			A American described the installer and (form line 40 of sounded and)				
			1. Amount due with this installment (from line 12 of worksheet)				
			Form you plan to file: ☐ Form 1, Full-Year Resident ☐ Form 1-NR/PY, Nonresident/Part-Year Resident				
Street address							
			Return this voucher with check or money order payable to Commonwealth of Massachusetts.				
City/Town State	Zip		Mail to Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.				
				Important: Make your estimated tax payment online. It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.			
E-mail address Phone	Phone number						

