

DETACH HERE

**2025 Form 2-PV**  
**Massachusetts Fiduciary Income Tax Payment Voucher**

Payment for period end date (mm/dd/yyyy)	Tax type <b>049</b>	Voucher type <b>01</b>	ID type <b>004</b>	Vendor code <b>0001</b>
Name of estate or trust	Federal Identification number		Amount enclosed \$	
Name of fiduciary	Title			
Mailing address	City/Town		State	Zip
Phone	E-mail		Fill in if name/address changed since 2024 <input type="checkbox"/>	

Pay online at [mass.gov/masstaxconnect](https://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 419544, Boston, MA 02241-9544.**

