



MASSACHUSETTS DEPT. OF REVENUE
 PO BOX 7010
 BOSTON, MA 02204

Customer Service Bureau
 Telephone: (617) 887-6367
 www.mass.gov/dor

Notice Date: April 12, 2011

Taxpayer ID Number:	XXX-XX-9999
Bill Number:	0429 9999 9999
Total Amount Due:	\$60.16
Payment Due Date:	April 24, 2011
Tax Type:	Individual Income

DEMAND FOR PAYMENT

If you fail to pay, collection action can be taken.



JOHN TAXPAYER
 100 CAMBRIDGE ST
 BOSTON MA 02114

400C

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You are receiving this Demand for Payment because ...

The Massachusetts Department of Revenue has determined that you did not pay the full amount due on your prior bill. The amount now due for the liability detailed on page three of this notice is **\$60.16**. If you fail to pay the full amount, DOR will take action to collect the amount owed up to and including levying your bank account or wages.

Please note: The Department of Revenue is required by statute to issue this notice. If you have already entered into a valid payment agreement, you may continue to adhere to the terms of that agreement.

Actions you should take...

Submit Payment - Make your payment electronically via our website: <http://www.mass.gov/dor>, make a phone payment with an agent at the number listed above, or mail your payment along with the coupon shown below for the total amount assessed. Include your ID # on your check or money order. If you decide to dispute the assessed amount, you are not required to pay but may want to in order to avoid additional interest and penalty charges. If your appeal is successful, any money paid will be refunded with applicable interest.

Enter into a payment agreement - You may be eligible to pay the total amount due through monthly installments. Visit our website to arrange for monthly payments or to see if you can pay this amount by credit card or call our automated telephone system at (617)887-MDOR (6367) or toll-free in Massachusetts at 1-800-392-6089. For amounts over \$5000 call 617-887-6400.

Dispute the assessment - You have the right to appeal. If you believe that the information on this notice is incorrect and wish to dispute this assessment, you may file an Application for Abatement/Amended Return (see page 2 - "What Type of Assistance is available" for details.)



Interest and penalties will continue to accrue until you pay the full amount.

CUT HERE AND RETURN THE COUPON BELOW IN THE ENVELOPE PROVIDED

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Your payment must be postmarked by April 24, 2011

JOHN TAXPAYER
 100 CAMBRIDGE ST
 BOSTON MA 02114

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Total Amount Due:	\$60.16

Enter Amount Enclosed

\$

Write your Taxpayer ID # on your check or money order and make it payable to:

Commonwealth of Massachusetts

Please complete only if your address or phone has changed.

Street _____ Apt No. _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

M A I L T O	Massachusetts Department of Revenue
	P. O. Box 7065
	Boston, MA 02204-7065

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