

2001 MASSACHUSETTS DEPARTMENT OF REVENUE

MASSACHUSETTS ESTIMATED INCOME TAX

File voucher no. 1 with first payment, voucher no. 2 with second payment, voucher no. 3 with third payment and voucher no. 4 with fourth payment.
Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.

VOUCHERS ARE ON PAGES 2 THROUGH 5

Social Security number	Spouse's Social Security no.	Due date	Voucher 1	Estimated tax for the year ending MONTH / DAY / YEAR
Last name (print)		First name and initial (or both if joint return)		1. Overpayment from last year credited to estimated tax for this year: \$
Home address (number and street or rural route)				Note: Line 1 is the total amount of your overpayment from last year to be credited to your estimated tax for this year. All or a portion of it may be used in calculating the amount of this payment.
City, town or post office, state and Zip code				2. Amount of this installment: \$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts Mail to: Massachusetts Department of Revenue PO Box 7007, Boston, MA 02204				Check which form you plan to file: <input type="checkbox"/> Form 1 Full-year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-year Resident <input type="checkbox"/> Telefile <input type="checkbox"/> Form 1-NRC Nonresident Composite Return

Social Security number	Spouse's Social Security no.	Due date	Voucher 2	Estimated tax for the year ending MONTH / DAY / YEAR
Last name (print)		First name and initial (or both if joint return)		1. Overpayment from last year credited to estimated tax for this year: \$
Home address (number and street or rural route)				Note: Line 1 is the total amount of your overpayment from last year to be credited to your estimated tax for this year. All or a portion of it may be used in calculating the amount of this payment.
City, town or post office, state and Zip code				2. Amount of this installment: \$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts Mail to: Massachusetts Department of Revenue PO Box 7007, Boston, MA 02204				Check which form you plan to file: <input type="checkbox"/> Form 1 Full-year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-year Resident <input type="checkbox"/> Telefile <input type="checkbox"/> Form 1-NRC Nonresident Composite Return

Social Security number	Spouse's Social Security no.	Due date	Voucher 3	Estimated tax for the year ending MONTH / DAY / YEAR
Last name (print)		First name and initial (or both if joint return)		1. Overpayment from last year credited to estimated tax for this year: \$
Home address (number and street or rural route)				Note: Line 1 is the total amount of your overpayment from last year to be credited to your estimated tax for this year. All or a portion of it may be used in calculating the amount of this payment.
City, town or post office, state and Zip code				2. Amount of this installment: \$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts Mail to: Massachusetts Department of Revenue PO Box 7007, Boston, MA 02204				Check which form you plan to file: <input type="checkbox"/> Form 1 Full-year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-year Resident <input type="checkbox"/> Telefile <input type="checkbox"/> Form 1-NRC Nonresident Composite Return

Social Security number	Spouse's Social Security no.	Due date	Voucher 4	Estimated tax for the year ending MONTH / DAY / YEAR
Last name (print)		First name and initial (or both if joint return)		1. Overpayment from last year credited to estimated tax for this year: \$
Home address (number and street or rural route)				Note: Line 1 is the total amount of your overpayment from last year to be credited to your estimated tax for this year. All or a portion of it may be used in calculating the amount of this payment.
City, town or post office, state and Zip code				2. Amount of this installment: \$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts Mail to: Massachusetts Department of Revenue PO Box 7007, Boston, MA 02204				Check which form you plan to file: <input type="checkbox"/> Form 1 Full-year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-year Resident <input type="checkbox"/> Telefile <input type="checkbox"/> Form 1-NRC Nonresident Composite Return