

# Form 2-PV Massachusetts Fiduciary Income Tax Payment Voucher

# 2004

Name of fiduciary		Title	U.S. taxpayer number	
STAPLE CHECK HERE	Name of entity		Payment for the year ending:	
	Mailing address of fiduciary		MONTH / DAY / YEAR	
City/Town		State	Zip	Amount enclosed
				\$
				<input type="checkbox"/> Check if name/address changed since 2003



**Mail to: Massachusetts Department of Revenue, PO Box 7018, Boston MA 02204**

Make check payable to: Commonwealth of Massachusetts. Write your U.S. taxpayer number on your check or money order.

Be sure to staple check to the front of Form 2-PV and enclose Form 2-PV with your return.

21M 12/04 GP04C25



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