

M-SSR**M**

**MASSACHUSETTS DEPARTMENT OF REVENUE
MONTHLY SATELLITE SERVICE RETURN**

FEDERAL IDENTIFICATION NUMBER	BE SURE THIS RETURN COVERS THE CORRECT PERIOD	FOR MONTH	1. TOTAL SATELLITE SERVICE REVENUE*	
BUSINESS NAME			2. DEDUCTIONS*	
BUSINESS ADDRESS			3. GROSS REVENUES SUBJECT TO TAX (subtract line 2 from line 1)	
CITY/TOWN	STATE	ZIP	4. TAX (line 3 × .05)	
<p>Return is due with payment on or before the 20th day of the month following the month indicated above. Make check payable to Commonwealth of Mass. Mail to: Mass. Dept. of Revenue, PO Box 7042, Boston, MA 02204.</p> <p>I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.</p>			5. PENALTIES AND INTEREST	
			6. TOTAL AMOUNT DUE (add lines 4 and 5)	
<p>Signature _____ Title _____ Date _____</p>			<p>*see TIR 09-14</p>	