DETACH I	HERE
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2025 Form PV

Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy) Tax type	Voucher type ID type		Vendor code		
053	01	005	0001	0001	
Name of taxpayer	Social Security number		Amount end	Amount enclosed	
			\$		
Name of taxpayer's spouse	Social Security number of taxpayer's spouse				
Street address	City/Town		State	Zip	
Phone	E-mail		Fill in if nam	Fill in if name/address changed since 2024	

Pay online at 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 419540, Boston, MA 02241-9540.



AREA RESERVED For 2-d barcode