DETACH	LEDE
DETACH	HEKE

2025 Form 2-PV

Massachusetts Fiduciary Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy) Tax typ	Voucher type	ID type	Vendor code	e	
049	01	004	0001		
Name of estate or trust	Federal Identific	Federal Identification number		Amount enclosed	
				\$	
Name of fiduciary	Title				
Mailing 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 419544, Boston, MA 02241-9544.

