

DETACH HERE

2026 Form 2-PV
Massachusetts Fiduciary Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type 049	Voucher type 01	ID type 004	Vendor code 0001
Name of estate or trust	Federal Identification number		Amount enclosed \$	
Name of fiduciary	Title			
Mailing address	City/Town		State	Zip
Phone	E-mail		Fill in if name/address changed since 2025 ☐	

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.**



AREA RESERVED
FOR 2-D BARCODE

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