

DETACH HERE

2026 Form PV Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type 053	Voucher type 01	ID type 005	Vendor code 0001
Name of taxpayer	Social Security number		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 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 419540, Boston, MA 02241-9540**.



AREA RESERVED
FOR 2-D BARCODE

0000000000000000 000000 000000000000 000 0000000000 000000000000