

DETACH HERE

2024 Form M-4868
Massachusetts Extension Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type 053	Voucher type 18	ID type 005	Vendor code 0001
Name of taxpayer	Social Security number			
Name of taxpayer's spouse	Social Security number of taxpayer's spouse		Type of form you plan to file <input type="checkbox"/> Form 1 <input type="checkbox"/> Form 1-NR/PY	
Mailing address				
City/Town	State	Zip	Amount enclosed \$	

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

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