CAUTION: This form must be filed electronically.

Paper versions of this return will not be accepted.

If you have questions about filing electronically, contact us at 617-887-6367.

See <u>Technical Information Release 21-9</u> for further information about our electronic filing and payment requirements.

FOR INFORMATIONAL PURPOSES ONLY THIS FORM MUST BE FILED ELECTRONICALLY **SEE TIR 21-9**

DETACH HERE

2022 Form 63 FI-ESCorporate Estimated Excise Payment Voucher

Corporate Estimated Excise rayinetit voucher						
Federal ID/Account ID number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
			015	17		0001
Business name			1. Amount due with this installment (from line 10 of worksheet)			
Business address			Return this voucher with check or money order payable to Commonwealth of Massachusetts . Mail to Massachusetts Department of Revenue , PO Box 419272 , Boston , MA 02241-9272 .			
City/Town Sta	ite Zip		Important: Make your estimated excise payment online. It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.			
E-mail address Phone number			1			

