DETACH	HERE
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## **2022 Form 2-PV**

## Massachusetts Fiduciary Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy) Tax type	Voucher type	ID type	Vendor cod	de	
049	01	004	0001		
Name of estate or trust	Federal Identification number		Amount end	Amount enclosed	
			\$		
Name of fiduciary	Title				
Mailing address	City/Town		State	Zip	
Phone	E-mail		Fill in if name/address changed since 2021		

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 7062, Boston, MA 02204.



AREA RESERVED For 2-d barcode