DETACH I	HERE
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2022 Form M-4868

Massachusetts Extension Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code	
	053	18	005	0001	
me of taxpayer Social Security num		ımber			
Name of taxpayer's spouse		Social Security number of taxpayer's spouse		Type of form you plan to file	
				☐ Form 1 ☐ 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 7062, Boston, MA 02204.



AREA RESERVED FOR 2-D BARCODE