FORM ST-11 Rev. 7/09



Massachusetts Department of Revenue Individual Use Tax Return

| _ | | | | | |
|--|---|-----------------------|--|---|--|
| Name | Social Security number | | Year purchases made | _ | |
| Address | State | Zip | reverse | | |
| Return is due with payment on or before April 15 for purchases made in the prior calendar year. Make check payable to the Commonwealth | | | Total credit for sales/use tax paid to other states or jurisdictions. From line 10 on reverse | | |
| of Massachusetts. Mail to: Mass PO Box 7009, Boston, MA 022 | achusetts. Mail to: Massachusetts Department of Revenu 7009, Boston, MA 02204. | | 5. Balance. Subtract line 4 from line 3. Not less than "0" | | |
| | | | 6. Penalty | | |
| I declare under the penalties of perjury that this return has been | | | 7. Interest | | |
| examined by me and to the best of my knowledge and true, correct and complete return. | | ledge and belief is a | 8. Total amount due | _ | |
| Signature | | | Date | | |
| | | | | | |

| Date of purchase | Name of seller, city and state | Quantity and description of property purchased | A. Sales price | B. Sales/use tax paid to other jurisdictions or 6.25% of sales price — whichever is less |
|------------------|--|--|-------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Add all of the purchase prices ere and in line 2 on the front. | | \$ | |

\$

10. Total sales/use tax paid to other states or jurisdictions. Add all of the amounts listed in column B.

Enter the result here and in line 4 on the front.