

# UBIT-ES

Massachusetts  
Dept. of Revenue

## Nonprofit Corp. Estimated Tax Payment — 2013 Voucher 1

For calendar year 2013 or other taxable year beginning in 2013

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR	\$	
City/Town		State	Zip	1. Amount of this installment (.40 times estimated tax). (New corporations see note below*)		\$
		Return this voucher with check or money order payable to: <b>Commonwealth of Massachusetts.</b>		Check appropriate box:		2. Amount of unused overpayment credit, if any, applied to this installment.
Mail to: <b>Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.</b>		<input type="checkbox"/> Nonprofit corp. (0367) <input type="checkbox"/> Other _____		3. Amount due with this installment.		\$
				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.		

# UBIT-ES Massachusetts Dept. of Revenue Nonprofit Corp. Estimated Tax Payment — 2013 Voucher 2

For calendar year 2013 or other taxable year beginning in 2013

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.			
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.		
				\$	\$		
Street address				c. Estimated tax for the year ending:			
				MONTH / DAY / YEAR	\$		
City/Town		State		Zip		1. Amount of this installment (.25 times estimated tax). (New corporations see note below*)	\$
						2. Amount of unused overpayment credit, if any, applied to this installment.	\$
Return this voucher with check or money order payable to: <b>Commonwealth of Massachusetts.</b>		Check appropriate box: <input type="checkbox"/> Nonprofit corp. (0367) <input type="checkbox"/> Other _____		3. Amount due with this installment.		\$	
				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.			
Mail to: <b>Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.</b>							

# UBIT-ES Massachusetts Dept. of Revenue Nonprofit Corp. Estimated Tax Payment — 2013 Voucher 3

For calendar year 2013 or other taxable year beginning in 2013

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.	
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.
				\$	\$
Street address				c. Estimated tax for the year ending:	
				MONTH / DAY / YEAR	\$
City/Town		State		Zip	
Return this voucher with check or money order payable to: <b>Commonwealth of Massachusetts.</b> Mail to: <b>Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.</b>				2. Amount of unused overpayment credit, if any, applied to this installment.	
				3. Amount due with this installment.	
				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.	
				Check appropriate box: <input type="checkbox"/> Nonprofit corp. (0367) <input type="checkbox"/> Other _____	

# UBIT-ES Massachusetts Dept. of Revenue Nonprofit Corp. Estimated Tax Payment — 2013 Voucher 4

For calendar year 2013 or other taxable year beginning in 2013

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR	\$	
City/Town		State		Zip		1. Amount of this installment (.10 times estimated tax). (New corporations see note below*)
						\$
Return this voucher with check or money order payable to: <b>Commonwealth of Massachusetts.</b> Mail to: <b>Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.</b>				Check appropriate box:		2. Amount of unused overpayment credit, if any, applied to this installment.
				<input type="checkbox"/> Nonprofit corp. (0367) <input type="checkbox"/> Other _____		\$
				3. Amount due with this installment.		\$
*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.						