













**BE SURE TO DETACH WHERE INDICATED.  
FAILURE TO DO SO WILL RESULT IN DELAYS  
PROCESSING YOUR PAYMENT.**

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DETACH HERE  
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**2019 Form 1-ES**  
Estimated Tax Payment Voucher

Social Security number	Tax filing period <b>12/31/2019</b>	Due date	Tax type <b>053</b>	Voucher type <b>17</b>	ID type <b>005</b>	Vendor code <b>0001</b>
Last name (print)		First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet) . . . . .		
Street address				Form you plan to file: <input type="checkbox"/> Form 1, Full-Year Resident <input type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident		
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 419540, Boston, MA 02241-9540</b> .		
E-mail address		Phone number		<b>Important:</b> File your Form 1-ES and make your payment online. It's fast, easy and secure. Go to <a href="http://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.		

