



MASSACHUSETTS DEPT. OF REVENUE
PO BOX 7010
BOSTON, MA 02204
Customer Service Bureau
Telephone: (617) 887-6367
www.mass.gov/dor

Notice Date: March 09, 2005

Taxpayer ID Number:	[REDACTED]
Bill Number:	[REDACTED]
Total Amount Due:	\$5,838.06
Payment Due Date:	March 21, 2005
Tax Type:	Individual Income

DEMAND FOR PAYMENT

If you fail to pay, collection action can be taken.

[REDACTED] 400
[REDACTED]
WILBRAHAM, MA [REDACTED]



[REDACTED] 1

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You are receiving this Demand for Payment because...

The Massachusetts Department of Revenue has determined that you did not pay the full amount due on your prior bill. The amount now due for the liability detailed on page three of this notice is **\$5,838.06**. If you fail to pay the full amount, DOR will take action to collect the amount owed.

Actions you should take...

Submit Payment - Make your payment electronically via our website: www.mass.gov/dor, make a phone payment with an agent at the number listed above, or mail your payment along with the coupon shown below for the total amount assessed. Include your ID # on your check or money order. If you decide to dispute the assessed amount, you are not required to pay but may want to in order to avoid additional interest and penalty charges. If your appeal is successful, any money paid will be refunded with applicable interest.

Enter into a payment agreement - You may be eligible to pay the total amount due through monthly installments. Visit our website to arrange for monthly payments or to see if you can pay this amount by credit card or call our automated telephone system at (617)887-MDOR (6367) or toll-free in Massachusetts at 1-800-392-6089. For amounts over \$5000 call 617-887-6400.

Dispute the assessment - You have the right to appeal. If you believe that the information on this notice is incorrect and wish to dispute this assessment, you may file an Application for Abatement/Amended Return (see page 2 - "What Type of Assistance is available" for details.)



Interest and penalties will continue to accrue until you pay the full amount.

CUT HERE AND RETURN THE COUPON BELOW IN THE ENVELOPE PROVIDED Page 1 of 4



Your payment must be postmarked by **March 21, 2005**

[REDACTED]
WILBRAHAM, MA [REDACTED]

Taxpayer ID Number:	[REDACTED]
Bill Number:	[REDACTED]
Payment Due Date:	March 21, 2005
Total Amount Due:	\$5,838.06

Enter Amount Enclosed \$ [REDACTED]

Write your Taxpayer ID # on your check or money order and make it payable to:
Commonwealth of Massachusetts

Please complete only if your address or phone has changed.

Street _____ Apt No. _____
 City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____

MASSACHUSETTS DEPARTMENT OF REVENUE
P. O. Box 7065
Boston, MA 02204-7065

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(1) 219

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