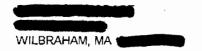
MASSACHUSETTS DEPT. OF REVENUE PO BOX 7010 BOSTON, MA 02204

Customer Service Bureau Telephone: (617) 887-6367 www.mass.gov/dor

## DEMAND FOR PAYMENT

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



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Notice Date: March 09, 2005

Taxpayer (D Number: Bill Number: Total Amount Oue: \$5,838.06 Payment Due Date: March 21, 2005 Tax Type: individual income



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 😸



WILBRAHAM, MA

Your payment must be postmarked by March 21, 2005

	Taxpayer ID Number:		
_	Bill Num	ber:	March 21, 2005
	Payment	Due Dale:	
Total Amount Due:		\$5,838.06	
Enter Amour Enclosed	nt	\$	
	make it pay		check or money order and

Please complete only if your address or phone has changed.

Zip Home Phone ( ) Work Phone ( )

Massachusetts Department of Revenue P. O. Box 7065 Boston, MA 02204-7065

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