

FORM ST-11
(Rev. 4/96)



Massachusetts Department of Revenue
Individual Use Tax Return

Name _____ Social Security number _____

Address _____ State _____ Zip _____

Return is due with payment on or before April 15 for purchases made in the prior calendar year. Make check payable to the Commonwealth of Massachusetts. Mail to: **Massachusetts Department of Revenue, PO Box 7009, Boston, MA 02204.**

I declare under the penalties of perjury that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature _____

- | | | |
|--|----------|----------------------|
| 1. Year purchases made | 1 | <input type="text"/> |
| 2. Total purchases from line 9 on reverse | 2 | <input type="text"/> |
| 3. Use tax (5% of line 2) | 3 | <input type="text"/> |
| 4. Total credit for sales/use tax paid to other states or jurisdictions. From line 10 on reverse. | 4 | <input type="text"/> |
| 5. Balance. <i>Subtract line 4 from line 3.</i> Not less than "0" | 5 | <input type="text"/> |
| 6. Penalty | 6 | <input type="text"/> |
| 7. Interest | 7 | <input type="text"/> |
| 8. Total amount due | 8 | <input type="text"/> |

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 5% of sales price — whichever is less
9. Total purchases. Add all of the purchase prices listed in column A. Enter the result here 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.			▶ \$	

Attach an additional statement if more space is necessary