



State of Arkansas Annualized Income For Underpayment of Estimated Tax by Corporations

	Tax Year beginning //	and e	nding / _	/		
Corp	oration			FEIN		
P	ART 1 Annualized Income Method		(A)	(B)	(C)	(D)
			Period			
				First 3 months	First 6 months	First 9 months
1.	Enter taxable income for each period: (Attach Quarterly Income Statement)	1				
2.	Annualization amounts:	2		4	2	1.33333
3.	Annualized taxable income: (Line 1 x Line 2)	3				
			Period			
			First 3 months	First 5 months	First 8 months	First 11 Months
4.	Enter taxable income for each period: (Attach Quarterly Income Statement)	4				
5.	Annualization amounts:	5	4.0	2.4	1.5	1.09091
6.	Annualized taxable income: (Line 4 x Line 5)	6				
7.	Adjusted annualized taxable income: (In Column (A), enter the amount from					
	Line 6, Column (A). In Columns (B), (C), and (D), enter the smaller of the					
	amounts in each column on Line 3 or Line 6)	7				
8.	Tax: Compute tax from Tax Table on amount in each Column on Line 7.	8				
9.	Business and Incentive Credit: (Enter one-fourth (1/4) of Business					
	and Incentive Credits as allowed on AR1100CT, Line 32, for each period)	9				
10.	Total tax after credit: (Line 8 less Line 9, if zero or less, enter zero)	10				
11.	Applicable percentage:	11	22.5%	45%	67.5%	90%
12.	Annualized tax: (Line 10 x Line 11)	12				
13.	Add the amounts in all preceding columns of Line 20: (See Instructions)					
	Note: Complete Col. (A) before Col. (B), (B) before (C), and (C) before (D).	13				
14.	Adjusted Annualized Tax: (Line 12 less Line 13, if zero or less, enter zero)	14				
PART 2 Required Estimates			(A)	(B)	(C)	(D)
			Period			
			1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
15.	Adjusted Annualized Tax: (Enter the amounts in each Column from Line 14)	15				
16.	Divide Line 3, Form AR2220-CT by 4 and enter the result in each Column:	16				
17.	Enter the amount from Line 19 of the preceding column:	17				
18.	Add Line 16 and 17:	18				
19.	If Line 18 is more than Line 15, subtract Line 15 from Line 18,					
	otherwise enter zero:	19				
20.	Required Estimates: Enter the smaller of Line 15 or Line 18 here and					
	on Form AR2220-CT, Column B, Line 2, 5, 8, and 11.	20				

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