



DELAWARE UNDERPAYMENT OF ESTIMATED TAXES

FIRST NAME LAST NAME TAXPAYER ID

TAXPAYER IS A FARMER OR FISHERMAN

TAXPAYER IS USING THE ANNUALIZATION OF INCOME METHOD

REQUIRED ANNUAL PAYMENT

	REQUIRED ANNUAL PAYMENT								
Α	Enter 90% of 2022 Delaware tax liability (Line 32 Form PIT-RES minus Line 33 Form PIT-RES, or Line 47 Form PIT-NON)								
В	Enter 100% or 110% of 2021 Delaware tax liability (Line 32 PIT-RES minus Line 33 PIT-RES, or Line 47 PIT-NON). (See instructions)								
С	Enter the smaller of Line "A" or Line "B". This is your Required Annual Amount.								
D	Delaware Withholding				_	D E			
E	Subtract Line "D" from Line "C". If \$800 or less, stop here. You do not owe the penalty.								
	SHORT METHOD (See instructions)								
F	Enter the amount of Estimated Tax Payments, S Corp Payments or Refundable Bus	iness Credit			ı	F			
G	Delaware Withholding				(G			
Н	Add Line "F" and Line "G" and enter here				H	н			
- 1	TOTAL UNDERPAYMENT - Subtract Line "H" from Line "C". If zero or less, stop here	·.			- 1	I			
J	Multiply Line "I" by 12% (times 0.12)				J	J			
K	If the amount on Line "I" was paid on or after April 30, 2023, enter zero (0). If it was paid before April 30, 2023, Multiply the number of days from the date Line "I" was paid before April 30, 2023, times .05% (.0005) times the amount on Line "I".								
L	ESTIMATED PENALTY - Subtract Line "K" from Line "J" and enter here					L			
	COMPUTING THE OVER/UNDER PAYMENT	4/4/00	4/20/20		ME PERIOD				
20			4/30/22				9/16/22 - 1/15/23		
28	Enter amount from Part 3, Line 27	1/1/22 - 28	· 4/30/22				9/16/22 - 1/15/23		
28 29			4/30/22				9/16/22 - 1/15/23		
	Enter amount from Part 3, Line 27 Enter the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable	28	4/30/22				9/16/22 - 1/15/23		
29	Enter amount from Part 3, Line 27 Enter the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits	28	4/30/22				9/16/22 - 1/15/23		
29 30	Enter amount from Part 3, Line 27 Enter the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits Delaware Withholding	28 29 30	4/30/22				9/16/22 - 1/15/23		
29 30 31	Enter amount from Part 3, Line 27 Enter the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits Delaware Withholding Add Line 29 and Line 30 Enter amount, if any, from Line 38 of the previous column of this schedule	28 29 30 31	4/30/22				9/16/22 - 1/15/23		
29 30 31 32	Enter amount from Part 3, Line 27 Enter the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits Delaware Withholding Add Line 29 and Line 30 Enter amount, if any, from Line 38 of the previous column of this schedule (i.e., Column 2 equals Line 38 Column 3 equals Line 38 Column 2, etc.)	28 29 30 31 32	4/30/22				9/16/22 - 1/15/23		
29 30 31 32 33	Enter amount from Part 3, Line 27 Enter the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits Delaware Withholding Add Line 29 and Line 30 Enter amount, if any, from Line 38 of the previous column of this schedule (i.e., Column 2 equals Line 38 Column 1, Column 3 equals Line 38 Column 2, etc.) Add Line 31 and Line 32 Sum amounts from Line 36 and Line 37 of the previous column of this schedule	28 29 30 31 32 33	4/30/22				9/16/22 - 1/15/23		
29 30 31 32 33 34	Enter amount from Part 3, Line 27 Enter the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits Delaware Withholding Add Line 29 and Line 30 Enter amount, if any, from Line 38 of the previous column of this schedule (i.e., Column 2 equals Line 38 Column 1, Column 3 equals Line 38 Column 2, etc.) Add Line 31 and Line 32 Sum amounts from Line 36 and Line 37 of the previous column of this schedule (i.e., Column 2 equals Line 36 Column 1 plus Line 37 Column 1, etc.) Subtract Line 34 from Line 33. If zero or less, enter zero (0).	28 29 30 31 32 33 34	4/30/22				9/16/22 - 1/15/23		

38	OVERPAYMENT. If Line 35 is larger than Line 28, Subtract Line 28 from Line 35. Then go to Line 32 of the next column.	38						
	COMPUTING THE PENALTY (See instructions)		PAYMENT DUE					
	,	39	5/2/22	6/15/22	9/15/22	1/17/23		
40	Enter number of days from date on Line 39 to when payment was made	40						
41	Multiply Line 40 by .05% (times .0005)	41						
42	PENALTY FOR PERIOD - Multiply Line 37 by Line 41	42						
43	Add penalties from each Column on Line 42 to determine the Total Penalty (i.e., Line	42 Column 1	l plus Line 42 Column	2, etc.)	43			

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Revision 20221202

UNDERPAYMENT. If Line 28 is equal to or larger than Line 35, **Subtract** Line 35 from Line 28. Then go to Line 32 of the next column. Otherwise, go to Line 38.





DELAWARE UNDERPAYMENT OF ESTIMATED TAXES

CHECK HERE IF YOU USED A NON-RESIDENT RETURN

			TIME PERIOD			
	ANNUALIZED INSTALLMENT METHOD	1	1/1/22 - 3/31/22	1/1/22 - 5/31/22	1/1/22 - 8/31/22	1/1/22 - 12/31/22
2	Enter Delaware AGI from your 2022 Delaware Return (Line 12 - Form PIT-RES, or Line 37 - Form PIT-NON) for period	2				
3	MULTIPLIER	3	4	2.4	1.5	1
4	ANNUALIZED AGI - Multiply Line 2 by Line 3.	4				
5	Enter Delaware Itemized Deductions (Line 18 - Form PIT-RES, Line 38 - Form PIT-NON) for period. Enter zero (0) if you didn't itemize.	5				
6	MULTIPLIER	6	4	2.4	1.5	1
7	ANNUALIZED ITEMIZED DEDUCTIONS - Multiply Line 5 by Line 6	7				
8	Enter the Total Delaware Standard Deduction Amount. (See Instructions) Enter zero (0) if you itemized.	8				
9	DELAWARE DEDUCTIONS - Enter amount from Line 7 if you itemized, or from Line 8 if you used the standard deduction	9				
10	DELAWARE TAXABLE INCOME - Subtract Line 9 from Line 4	10				
11	TAX LIABILITY - Using the tax table or tax schedule, figure the amount of tax due on the amounts from Line 10	11				
12	TAX ON LUMP SUM (See Instructions)	12				
13	TOTAL TAX - Add Line 11 to Line 12	13				
14	NON-RESIDENT FILERS ONLY - Multiply Line 13 by the proration percentage on Line 42 of Form PIT-NON	14				
15	TOTAL PERSONAL CREDIT AMOUNT (See Instructions)	15				
16	NON-RESIDENT FILERS ONLY - Multiply Line 15 by the proration percentage on Line 42 of Form PIT-NON	16				
17	OTHER NON-REFUNDABLE CREDITS - Add Lines 27, 28, 29, 30, & 33 of Form PIT-RES or Lines 44 & 45 of Form PIT-NON and enter here	17				
18	RESIDENTS - Subtract Line 15 and Line 17 from Line 13. NON-RESIDENTS - Subtract Line 16 and Line 17 from Line 14.	18				
19	MULTIPLIER	19	.225	.450	.675	.900
20	Multiply Line 18 by Line 19	20				
21	Sum all previous columns from Line 27 (i.e., Column 2 equals Line 27 Column 1 plus Line 27 Column 2, etc.)	21				
22	Subtract Line 21 from Line 20. If zero or less, enter zero (0).	22				
23	Enter 1/4 of the total from Part 1, Line "C", in each column	23				
24	Enter the amount from Line 26 of the previous column of this schedule (i.e., Column 2 equals Line 26, Column 1, Column 3 equals Line 26, Column 2, etc.)	24				
25	Add Line 23 to Line 24	25				
26	Subtract Line 22 from Line 25. If zero or less, enter zero (0)	26				
27	Enter the smaller of Line 22 or Line 25 here and on Line 28	27				