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	20	D20 M-2210					
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ı	Un	derpayment of Massachusetts Estimated					
5		ome Tax					
3							
	TA	AXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XX)	XXXXXXX SOC	IALSECNO		
			ĪĪ				
	Х	You are a qualified farmer or fisherman filing and paying your	full a	mount due on or before	e March 1, 2021		
	X	You were a resident of Massachusetts for 12 months and not					
	X	Your estimated payments and withholding equal or exceed yo		•	vear was 12 months	and a return was filed)	
					,		
	arl	1. Required annual payment					
	1	2020 tax				1	XXXXXXXXXX
	2.	Total credits				2	XXXXXXXXX
	2. 3.	Balance				3	XXXXXXXXXX
	J.	Enter 80% of line 3 or 66.667% of line 3 if you are a qualified	formo	r or fishorman		4	XXXXXXXXXX
	4. 5	Enter 2019 tax liability after credits	anne			5	XXXXXXXXXX
	5. 6	Enter the smaller of line 4 or line 5				6	XXXXXXXXX
	0.					0	
P	arl	2. Figuring your underpaymen	ŧ				
					Instellma	ent due dates –	
	1.	Enter in col's. a through d (respectively) the installment dates		a July 15,0000			d lan 15 0001
		of the 15th day of the 4th, 6th and 9th months of the taxable	7	a. July 15, 2020 MMDDYYYY	b. July 15, 2020 MMDDYYYY		d. Jan. 15, 2021 MMDDYYYY
	0	year and the 1st month of the succeeding taxable year	7				
	8.	Divide the amount in line 6 by the number of installments requ		vvvvvvvv	vvvvvvv v	~~~~~	~~~~~
	•	for the year. Enter the result in the appropriate columns	8				
'-		Estimated taxes paid and taxes withheld for each installment		~~~~~			
)	10.	Overpayment of previous installments	10	XXXXXXXXX	~~~~~~~		
	11.		11		XXXXXXXXXX		
	12.	Overpayment	12	~~~~~	XXXXXXXXXX		
	10			VVVVVVVV			VVVVVVVV
	13.	Underpayment	13	XXXXXXXXX	XXXXXXXXX		XXXXXXXXX
	13.	Underpayment	13	XXXXXXXXX			XXXXXXXXXX
	13.	Underpayment	13	XXXXXXXXX			XXXXXXXXXX
	13.	Underpayment	13	XXXXXXXXXX			XXXXXXXXXX
	13.	Underpayment	13	XXXXXXXXXX			XXXXXXXXXX
	13.	Underpayment	13	XXXXXXXXXX			XXXXXXXXX
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4		derpayment of Massachusetts Estimated					
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3	ТΔ	XPAYERNAMEXXXXXXXXXXXXXXXXXXXXX	ххх	XXXXXXX SO	CTAL SECNO		
)	17		~~~		CIALDLENO		
F	art	3. Figuring your underpaymer	nt p	enalty			
2		Enter the date you paid the amount in line 13 or the 15th	P				
3		day of the 4th month after the close of the taxable year,					
		whichever is earlier	14	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
	15.	Number of days from the due date of installment to the					
		date shown in line 14	15	XXX	XXX	XXX	XXX
	16.	Number of days in line 15 after 4/15/20 and before 7/1/20	16	XXX	XXX	XXX	XXX
	17.	Number of days in line 15 after 6/30/20 and before 10/1/20	17	XXX	XXX	XXX	XXX
	18.	Number of days in line 15 after 9/30/20 and before 1/1/21	18	XXX	XXX	XXX	XXX
	19.	Number of days in line 15 after 12/31/20 and before 4/15/21	19	XXX	XXX	XXX	XXX
	20.	Underpayment in line 13 × (number of days in line 16 ÷					
		365) × 6%	20	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
	21.	Underpayment in line 13 \times (number of days in line 17 \div					
		365) × 4%	21	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
	22.	Underpayment in line 13 $ imes$ (number of days in line 18 \div					
;		365) × 4%	22	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
·	23.	Underpayment in line 13 \times (number of days in line 19 \div				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		365) × Rate to be determined	23		XXXXXXXXXX		- 6 56 56 56 56 56 56 56 56 56 5
•	24.	Penalty. Add all amounts shown in lines 20 through 23. Enter	this ar	nount on Form 1, line 5	1; Form 1-NR/PY, line	55; or Form 3M 24	XXXXXXXXXX
)							
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ХХХ	XXXXX	XXXXXXXXXXX	XXXXXXXXXX	XXXXX
2							

	6 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35	50 57 50 55 -	+0 +1 +2 +3 +4 +3 +0 +7 +0 +9 5	0 31 32 33 34 33 30 37 30 39 0	0 01 02 00 04 05 00 07 00 05 7	0 71 72 73 74 75 76 77 78 79
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4	Underpayment of Massachusetts Estimated		•			
5	Income Tax					
6						
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9	TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXXXXX SOC	TAL SECNO		
0						
F	Part 4. Annualized income installr	nent	method	– Installme	nt due dates –	
2	1. Taxable 5.0% income each period (including long-term		Jan. 1–March 31	Jan. 1–May 31	Jan. 1–August 31	Jan. 1–Dec. 31
3	capital gain income taxed at 5.0%)	1	XXXXXXXXXX		XXXXXXXXXX	XXXXXXXXXX
4	2. Annualization amount	2	4	2.4	1.5	1
5	3. Multiply line 1 by line 2	3	XXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
	 Multiply line 1 by line 2 Tax on amount in line 3. Multiply line 3 by .05 	4	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
6 7	 Taxoli and an and a mile of Manpy me oby 100 Taxable 12% income each period 	5	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
3	 faxable 12 % income each period Annualization amount 	6	, , , , , , , , , , , , , , , , , , ,	2.4	1.5	1
	7. Multiply line 5 by line 6	7	xxxxxxxx	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
		8	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
		9	YYYYYYYY	XXXXXXXXXX	YYYYYYYYY	YYYYYYYY
	9. Total tax. Add lines 4 and 8	-				XXXXXXXXXXXX
	10. Total credits	10	XXXXXXXXXX			
3	11. Total tax after credits	11				
4	12. Applicable percentage	12	20% XXXXXXXXX	40%	60%	80%
5	13. Multiply line 11 by line 12	13				
6	14. Enter the combined amounts of line 20 from all preceding	-				
7	15. Subtract line 14 from line 13. Not less than "0"	15	XXXXXXXXXX	~~~~~	~~~~~	~~~~~
3	16. Divide line 6 of Form M-2210 by 4 and enter result in each		~~~~~	~~~~~	~~~~~	~~~~~
)	column	16	XXXXXXXXX			
)	17. Enter the amount from line 19 of this worksheet for the pre-		olumn 17		XXXXXXXXXX	
	18. Add lines 16 and 17	18	~~~~~	~~~~~	XXXXXXXXX	~~~~~
2	19. If line 18 is more than line 15, subtract line 15 from line 18		VVVVVVVV	~~~~~~	VVVVVVVV	~~~~~
3	Otherwise enter "0"	19	XXXXXXXX	~~~~	XXXXXXXXX	~~~~
1	20. Enter the smaller of line 15 or line 18 here and on Form		VVVVVVVV	VVVVVVVV	VVVVVVVV	VVVVVVVV
-	M-2210, line 8	20	ΧΧΧΧΧΧΧΧΧ	ΧΧΧΧΧΧΧΧΧ	XXXXXXXXX	XXXXXXXX
,)						
0	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXXX	X X X X X X X X X X X X X X X X X X X	,	
		XXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXX XX)	