

2022 Form M-2210F

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Underpayment of Massachusetts Estimated Income Tax for Fiduciaries

AREA RESERVED FOR 2-D BARCODE

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX IDNUMBERXXX

- X You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2023.
X You were a resident of Massachusetts for 12 months and not liable for taxes during 2021.
X Your estimated payments and withholding equal or exceed your 2021 tax (where taxable year was 12 months and a return was filed).

Part 1. Figuring your underpayment

Table with 13 rows for tax calculation and 4 columns for installment due dates (a, b, c, d). Rows include 2022 tax, total credits, balance, 80% of balance, 2021 liability, smaller of 4 or 5, installment dates, division of amount, estimated taxes paid, overpayment of previous installments, total, overpayment, and underpayment.

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Underpayment of Massachusetts Estimated  
Income Tax for Fiduciaries

AREA RESERVED  
FOR 2-D BARCODE

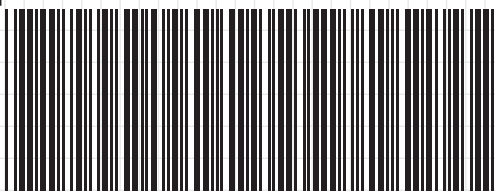
TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX IDNUMBERXXX

**Part 2. Figuring your underpayment penalty**

14.	Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier	14	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
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 4/15/22 and before 7/1/22	16	XXX	XXX	XXX	XXX
17.	Number of days in line 15 after 6/30/22 and before 10/1/22	17	XXX	XXX	XXX	XXX
18.	Number of days in line 15 after 9/30/22 and before 1/1/23	18	XXX	XXX	XXX	XXX
19.	Number of days in line 15 after 12/31/22 and before 4/15/23	19	XXX	XXX	XXX	XXX
20.	Underpayment in line 13 × (number of days in line 16 ÷ 365) × 4%	20	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
21.	Underpayment in line 13 × (number of days in line 17 ÷ 365) × 5%	21	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
22.	Underpayment in line 13 × (number of days in line 18 ÷ 365) × 7%	22	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
23.	Underpayment in line 13 × (number of days in line 19 ÷ 365) × Rate to be determined	23	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
24.	Penalty. Add all amounts shown in lines 20 through 23. Enter this amount on Form 2, line 61	24				XXXXXXXXXX

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AREA RESERVED FOR 2-D BARCODE

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Underpayment of Massachusetts Estimated Income Tax for Fiduciaries

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX IDNUMBERXXX

Part 3. Annualized income installment method

Installment due dates

		Jan. 1–March 31	Jan. 1–May 31	Jan. 1–August 31	Jan. 1–Dec. 31
1.	Taxable 5.0% income each period (including long-term capital gain income taxed at 5.0%)	1	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
2.	Annualization amount	2	4	2.4	1.5
3.	Multiply line 1 by line 2	3	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
4.	Tax on amount in line 3. Multiply line 3 by .05	4	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
5.	Taxable 12% income each period	5	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
6.	Annualization amount	6	4	2.4	1.5
7.	Multiply line 5 by line 6	7	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
8.	Tax on amount in line 7. Multiply line 7 by .12	8	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
9.	Total tax. Add lines 4 and 8	9	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
10.	Total credits	10	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
11.	Total tax after credits	11	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
12.	Applicable percentage	12	20%	40%	60%
13.	Multiply line 11 by line 12	13	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
14.	Enter the combined amounts of line 20 from all preceding periods	14	14	XXXXXXXXXX	XXXXXXXXXX
15.	Subtract line 14 from line 13. Not less than "0"	15	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
16.	Divide line 6 of Form M-2210F by 4 and enter result in each column	16	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
17.	Enter the amount from line 19 of this worksheet for the preceding column	17	17	XXXXXXXXXX	XXXXXXXXXX
18.	Add lines 16 and 17	18	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
19.	If line 18 is more than line 15, subtract line 15 from line 18. Otherwise enter "0"	19	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
20.	Enter the smaller of line 15 or line 18 here and on Form M-2210F, line 8	20	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

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